

HealthCare Friends

A Networking Group of Health Care Professionals

Membership Form

Date: _____

Please Mail Membership Form and Check to:

HealthCare Friends

10573 Pimlico Park
Union, Kentucky 41091

\$125.00 Membership Fee Per Person –for the Calendar Year

(PP membership is a one-time annual fee to attend all meetings)

\$ _____ Total Amount Enclosed Check Cash Credit Card

Member Organization _____

Address: _____ City: _____ State: _____ Zip: _____

Corporate WEB Address: WWW. _____

Member: _____ Title: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Additional Member: _____ Title: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Additional Member: _____ Title: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Additional Member: _____ Title: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Additional Member: _____ Title: _____

Phone: _____ Fax: _____

E-Mail Address: _____

For More Information Contact: Marsha Bell 513-470-4854 or e-mail mbell@healthcare-friends.com

www.healthcare-friends.com