

2010 CHANGE FORM

JANUARY 2010 – DECEMBER 2010

WWW.HSPPHXSCOTTSDALE.COM

*******NOTE ALL INFORMATION WILL BE POSTED ON THE HSPA WEBSITE UNLESS OTHERWISE INDICATED*******

HSPA – Human Service Professionals Association Phoenix/ Scottsdale Chapter

Come and join this great group of healthcare professionals!!
Our Chapter meets on the 3rd Wednesday of Each Month at Various Locations!

FOR MORE INFORMATION PLEASE CONTACT:

DEBBIE MEYER 480-216-5387
OR CHARLIE CLIFFORD 602-284-1831
LYNN ROSENBERG 480-607-2898

PLEASE SUBMIT CHECK TO:

HSPA-PHOENIX/SCOTTSDALE
PO BOX 544
Scottsdale, AZ 85252

NOTE: Please make a copy of this form along with your check for your receipt before mailing it in. We are not able to accept credit cards at this time. Thank you.

DATE: ___ / ___ / _____

PAYMENT: CHECK / CASH

___ INDIVIDUAL (\$35.00)

___ CORPORATE (\$50.00) Up to (3) People

COMPANY NAME: _____

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL ADDRESS: _____ WEBSITE: _____

CELL # () _____ FAX # () _____ OFFICE # () _____

IF CORPORATE PLEASE INCLUDE 2 ADDITIONAL STAFF MEMBERS/TITLES. IF MAILING ADDRESS FOR ADDITIONAL MEMBERS SHOULD BE DIFFERENT THAN ABOVE, PLEASE INDICATE.

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL ADDRESS: _____ CELL # () _____ OFFICE # () _____

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL ADDRESS: _____ CELL # () _____ OFFICE # () _____

PLEASE DO NOT WRITE IN THIS PAGE

DATE DEPOSITED: ___ / ___ / _____ INITIALS: ___