

2012 Membership Form

January 2012-December 2012

www.HSPPHXSCOTTSDALE.com

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: **PLEASE SUBMIT CHECK TO:**

CATHY DAVIS 602-292-8131
LYNN ROSENBERG 480-991-9912
 CELL-602-574-9217

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 in in. We are not able to accept credit cards at this time. Thank You.

DATE: ____/____/____

PAYMENT: CHECK / CASH

____ INDIVIDUAL \$35.00 OR \$10.00/quarter ____ CORPORATE (Up to 3 People) \$50.00 or \$15.00/quarter

____ RENEWAL ____ NEW REFERRED BY _____

COMPANY NAME _____

NAME _____

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 SECTION

DATE DEPOSITED / / INITIALS