

DAYTON AREA CHAPTER OF PAHCOM
2011 MEMBER APPLICATION

New Applicant _____

Renewal Application _____

Name: _____

(Print name as you wish it to be listed in directory with credentials)

PAHCOM National Member Number: _____ / Date of National Renewal: _____

*Chapter By-Laws require Active National Membership. If you are not a National member at the time of this application, you will have 60 days from the date of your acceptance into the Dayton Chapter to provide your National Member Number to the Membership Director. If proof of National Membership is not received within these 60 days, dues paid to the Dayton Chapter will be forfeited and local membership will be cancelled.

Employer Name: _____

*** Home/Cell contact info not for distribution purposes. ***
Only for Executive Board Use in case of emergency.

Office Address: _____

Home address: _____

City/State/Zip: _____

Home City/ST/Zip: _____

Office Ph#: _____ Fax: _____

Cell Ph#/Home Ph#: _____

Preferred Email: _____

What is your current job title? _____

How many people do you directly manage? _____ If you do not directly manage staff please explain: _____

Please list other professional organizations that you belong to: _____

Annual Membership Dues: \$50.00 / [PHA Member Discount – Annual Membership Dues: \$45.00]

Please make check payable to: Dayton Area Chapter of PAHCOM

****Dues paid for membership will follow the payer.****

Signature: _____ Date: _____

Please complete and return with membership payment to:

**Dayton Area Chapter of PAHCOM
Attn: Membership Director
P.O. Box 293037
Kettering, OH 45429**

We appreciate your interest and application. Your application will be submitted to the board for review at their next meeting. If you qualify according to Dayton Chapter By-Laws your application will be approved. The Membership Director will contact you with the decision.

OFFICE USE ONLY: Check Date and Number _____ Business _____ Personal _____ Initials _____