

This is an invitation to become a Corporate Member of the  
**Dayton Area Chapter of PAHCOM,**  
our local organization specializing in healthcare management.

**Your company's information will be distributed among our professional members showing your support of our chapter. You will be provided with our membership contact list.**  
**You may designate up to 4 representatives to participate in PAHCOM activities. Due to the size of our meeting room, please have only one member in attendance at each meeting.**

**Corporate Member Dues are \$100.00.**  
**Membership is for 2012 and is valid for one calendar year.**

***MEMBERSHIP PLEDGE***

***I agree to promote the professionalism of the Dayton Area Chapter of PAHCOM and to further support the Association by offering state-of-the-art services and/or supplies to the Dayton Area Chapter of PAHCOM members.***

Please complete the following information:

Date: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

\*\*Company website: \_\_\_\_\_

Please designate up to 4 representatives who may participate in our activities.

1) \_\_\_\_\_ / \_\_\_\_\_ (*primary contact name & phone #*)

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Company Specialty: \_\_\_\_\_

Is your company a National **PAHCOM** member?     Yes     No

Would your Company like information about becoming a National member?     Yes     No

***Please send a copy of your business card in pdf format to Lisa Garrison if you would like a link on our website.    [LLGarrison@mvh.org](mailto:LLGarrison@mvh.org)***

**Please return this completed application along with your \$100.00 check payable to:**

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

**WE APPRECIATE YOUR MEMBERSHIP AND SUPPORT. THANK YOU!**