

## **Lehigh Valley Chapter of PAHCOM Membership Application**

Please complete the following application form and return it along with your dues to:

Robin Miller, Treasurer, 949 Chris Lane, Allentown, PA 18103

Phone: 610-798-7121      Email: robinmiller@lvhn.org

NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

HOME PHONE (optional) \_\_\_\_\_

EMAIL \_\_\_\_\_

PRACTICE \_\_\_\_\_

SPECIALTY \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

PAHCOM MEMBERSHIP NUMBER \_\_\_\_\_

DATE JOINED NATIONAL \_\_\_\_\_

**YOU MUST READ THE FOLLOWING CHAPTER REQUIREMENT AND CIRCLE APPROPRIATE ANSWER:**

I am / am not currently working as a healthcare practice manager and am / am not responsible for administration of the practice and/or management of personnel.

**YOU MUST CHECK ONE OF THE FOLLOWING:**

I am not a PAHCOM member at this time, and understand my acceptance into the chapter is contingent upon my joining the national association and providing the Membership Director with my PAHCOM number and date joined.

I am a PAHCOM member and understand my continuing membership in the Lehigh Valley Chapter is contingent on my membership in the national association, and is also subject to the local chapter requirements.

**CHAPTER DUES ARE SET AT \$50.00 ANNUALLY AND MEMBERSHIP IN PAHCOM NATIONAL IS REQUIRED. DUES MUST BE PAID IN FULL YEARLY BY MARCH 31 TO REMAIN AN ACTIVE MEMBER. MAKE CHECKS PAYABLE TO "LV CHAPTER PAHCOM". Dues are prorated after June 30. If you join July, August, September, PAY ONLY \$25.00, and if you join October, November, December, PAY ONLY \$12.50.**

I agree to pay the chapter dues and submit my payment for acceptance into the chapter as a member. I understand that my membership in the Lehigh Valley Chapter of PAHCOM involves active participation in meetings, workshops and committees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date