



Membership Application: Service and Industry Membership

Company Name: _____

Name(s) of Representatives: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Services and/or Products Provided: _____

Do you want to be listed in the MHCA Membership Directory? Yes No

Does MHCA have permission to send you faxes and/or e-mails regarding Conferences, Seminars and information on other Association activities? Yes No

Service and Industry Membership Annual Dues: \$250.00

Method of Payment: Check Enclosed MasterCard VISA American Express

If paying by Credit Card:

Card Number: _____ Expiration Date: _____

Name as it Appears on Card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

*MHCA dues are not deductible as donations; however, they may be deductible as a business expense.
Please check with your Accountant for more information.*