Pikes Peak PAHCOM
Membership Application

Member Dues - $126.00

Pikes Peak Chapter is an affiliate of National PAHCOM; however, each Association requires separate membership.
Local membership application will be processed after confirmation of National membership

****PLEASE NOTE**** **The contact information you provide, will be shared with Corporate Sponsors, except your fax and email, per Chapter By-Laws.**

_____New Member _____Renewal

National PAHCOM Member # _____or date application sent _____

_____
First Name Last Name Position / Title

_____
Organization (please do not abbreviate)

_____ _____ _____
Mailing Address City, State Zip Code

_____ _____ _____
Phone Fax **(only for chapter use)** E-mail Address **(only for chapter communication use)**

Practice Specialty_____ Number FTE Providers _____

How many years in healthcare? _____ If New Member, how were you referred to PAHCOM? _____

Are any of your physicians members of the El Paso County Medical Society? Y N

If you are unable to renew your membership at this time please circle NO and fax this form to Lori Trivelli at 475-5797.

Mail application and payment to:

Pikes Peak PAHCOM, Membership
C/O AgeWell Medical Associates, Lori Trivelli
3225 International Cir., #102
Colorado Springs, CO 80910
Phone: (719) 471-7160 Fax: (719) 475-5797

Amount enclosed: $_____ **(check payable to Pikes Peak PAHCOM)**

Method of Payment: ____ MasterCard Credit Card _____
____ Visa
____ Check Expiration Date _____

Print Name on Card _____Signature_____

For Office Use Only
Date Rec'd_____ Amount Paid_____Ck CC
Date Nat'l Member _____ Date Info Mailed_____
Date Sent Receipt_____ Date of Renewal_____