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

_____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Phone Fax E-mail Address (will not be published)

Practice Specialty_____ Number FTE Providers _____

How many years in healthcare? _____ How were you referred to PAHCOM? _____

Would you like information mailed to you regarding the Certified Medical Manager (CMM) exam? Y N
Are your physician(s)/organization members of the El Paso County Medical Society? Y N

Mail application and payment to:

Pikes Peak PAHCOM Membership
C/O Colorado Springs Senior Medicine
3225 International Circle, Suite 102
Colorado Springs, CO 80910

Amount enclosed: $126.00 (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 Recíd_____ Amount Paid_____Ck CC
Date Natíl Member _____ Date Info Mailed_____
Date Sent Receipt_____ Date of Renewal_____