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 **(only for chapter communication purposes)**

Practice Specialty_____ Number FTE Providers _____

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

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

If you would like information regarding the Certified Medical Manager exam, please go to www.pahcom.com

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 Colorado Springs Senior Medicine, Lori Trivelli
3225 International Cir., #102
Colorado Springs, CO 80910
Phone: (719) 471-7160 Fax: (719) 475-5797

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