

Fox Valley Health Professionals
2010 Membership Application

Today's Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Address: _____

Work Phone: _____

Preference for mailings: Home _____ Work _____

E-mail Address: _____

(Note: Email is our primary method of communication, especially for job announcements. Your email address will not be shared directly with outside organizations.)

Please indicate if you are interested in working on:

_____ Education Committee
_____ Membership Recruitment

Would you like to present one of the educational offerings during the year? _____

What is your area of interest or expertise? _____

Dues are: \$40.00 (new member and renewal) **Make checks payable to: Fox Valley Health Professionals**

* Late renewal fee (after March 1st) is **\$55.00**

Return completed application and Dues to: **Suzanne Kiefer**
157 Overland Trail
Oshkosh, WI 54904