

Fox Valley Health Professionals
2012 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: **Holly Hedge**
4156 Westview Lane
Oshkosh WI 54904
