

2019 Associate Membership

Connecticut PHCC Ph: 203.379.3007
execdirector@ct-phcc.org
www.ct-phcc.org



Annual dues include membership at the State level only

Company Name	
Address	City, State, Zip
Phone	Fax
Email	Website
Contact Name	
Type of Business	

CT-PHCC Associate Membership includes:

<ul style="list-style-type: none">*Your logo and company website listed on our webpage*State Legislative Representation, Local Chapter Participation, State Convention*Numerous networking opportunities*Access to our membership lists	<ul style="list-style-type: none">*Discount on all Continuing Education for you and your employees*Discount on dinner meetings for you and your employees*Discount on booths at our Annual Trade Show <p>\$395 per year</p>
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Payment Information	Annual Dues: \$395.00
Enclosed is my check payable to CT-PHCC for \$ _____	
Please charge my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
Card Number: _____	Exp. Date: _____ Security Code _____
Signature: _____	