



## Membership Check Payment

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Credentials \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Location of practice \_\_\_\_\_

Faith Group Denomination \_\_\_\_\_

Membership Type (circle)    Standard    Senior    Student

Return this application with your check (\$105 Standard, \$70 Senior, or \$70 Student) made payable to Health Ministries Association.

Mailing Address: 2001 Henley Street Glenview, Illinois 60025

Questions? Call 800-723-4291