



ROCKY MOUNTAIN CHAPTER HEALTHCARE CENTRAL SERVICE PROFESSIONALS MEMBERSHIP

Date _____ New Member _____ Renewal _____

Name _____

Organization _____

Position / Title _____

Business Address _____

City, State, Zip _____

Business phone _____

Email address _____

Home address _____

City, State, Zip _____

Home Phone and / or Cell phone _____

Membership	Dues
Active	\$15
Affiliate / Vendor	\$25

Are you a member of IAHCSPM? YES _____ NO _____

Payment of Dues or Registration Fees for Education Events:

Via Paypal on the website at rockymountainchapter.org Click on payments tab

Or by check made payable to **RMCHCSP**

Send the completed membership form by Fax to 1.303.799.9408 ATTN: Peggy

Or scan & email to pspitzer@certol.com

Mail check and member form to:

Peggy Spitzer RMCHCSP 240 S. Monaco Pkwy. D608 Denver, CO 80224

Questions? Phone: 303.263.6482 pspitzer@certol.com