



# JOHNS CREEK HEALTHCARE ASSOCIATION

### Original JCHA Founders

**Charles Benson**  
Internal Medicine Associates, Inc.

**Mark Harris, MD**  
Comprehensive Neurology  
Specialists

**Lee Herman, MD**  
Johns Creek Primary Care

**Brian Hudes, MD**  
Advanced Gastroenterology  
Associates

**Scott Karlin, MD**  
Northeast Atlanta Ear Nose &  
Throat, PC

**Sigurjon Kristiansson**  
FusionSleep LLC

**Ned Morgens**  
SarahCare®

**Yvonne Satterwhite, MD**  
**Billy Haynes, MD**  
**Scott Middlebrooks, MD**  
Premier Orthopaedic Surgery

**Jill Stepnicka, DPM**  
Atlanta Podiatry

**Marc Stewart, PT**  
Johns Creek Physical  
Therapy, LCC

## JCHA MEMBER DUES PAYMENT FORM

*Please us a separate form for each member.*

Member Name: \_\_\_\_\_

Practice/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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Checkmark what is paid on this form for this member

### 2010 MEMBER DUES

- Active Primary Member / Founder Member \$200
- Active Secondary Member \$100
- Associate Member \$100

### 2009 MEMBER DUES - past due

- Active Primary Member / Founder Member \$200
- Active Secondary Member \$100
- Associate Member \$100

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**PAYMENT** (Dues may also be paid online at [www.johncreekhealthcare.org](http://www.johncreekhealthcare.org))

**CREDIT CARD** - Please fax the following information to 305-422-3327

- Visa
- Mastercard
- American Express

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ CVV#: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

OR

**CHECK** - Mail a check WITH THIS FORM to:  
**Johns Creek Healthcare Association, Inc.**  
**6134 Poplar Bluff Circle, Suite 101**  
**Norcross, GA 30092**

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For your records, the JCHA Tax ID is 20-5325886. Contact Maryann McGrail at the JCHA office with questions at 404-310-5866 or [maryann@theassociationcompany.com](mailto:maryann@theassociationcompany.com). Thanks!

*Stephen Szabo, MD*  
JCHA Treasurer

*Maryann McGrail*  
JCHA Executive Director

### JCHA Office

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