



MEMBERSHIP APPLICATION

Full Name: _____

Credentials: _____
(ie. MD, PT, PhD, etc.)

Business/Practice: _____

E-mail address (req): _____
(This email will be used for JCHA billing, notices and all correspondence - please instruct your email program to accept emails from maryann@theassociationcompany.com)

Office Tel #: _____

Mobile Tel # _____ Fax # _____

If applying for Primary or Secondary memberships, applicants MUST list their Johns Creek office* here.

JOHNS CREEK: Address: _____

City: _____ State: _____ Zip: _____

If applying for Associate membership, applicants will list their Non-Johns Creek office* here. If applying for Primary or Secondary memberships BUT wish to have correspondence sent to an office other than your Johns Creek office, please list that information here.

NON-JC: Address: _____

City: _____ State: _____ Zip: _____

Website: http:// _____
(Please add a link on your site to ours (<http://www.johnscreekhealthcare.org>) Doing so will improve our ranking on search engines.)

- IMPORTANT:**
- A JCHA MEMBER IS AN INDIVIDUAL NOT A PRACTICE.
 - A JCHA MEMBER IS A HEALTHCARE PROVIDER AND HAS DIRECT CONTACT WITH PATIENTS.
 - If you do not have direct contact with patients, you may be a JCHA Sponsor, but NOT a JCHA member.

Choose one of the following three JCHA Membership options. See the JCHA bylaws for full membership criteria and benefits.

Active Primary Member, \$200/year, are individuals whose office is physically located in the *City of Johns Creek or Technology Park, are healthcare providers and have direct contact with their patients. May attend all JCHA functions, vote and may hold a JCHA office. See the JCHA bylaws for full membership criteria and benefits.

Active Secondary Member, 100/year are individuals whose office is physically located in the *City of Johns Creek or Technology Park, are healthcare providers and have direct contact with their patients. There must be at least one Active Primary JCHA member from your practice to qualify for this membership level. May attend all JCHA functions and vote but may not hold a JCHA office.

Associate Member, 100/year, are individuals whose office is physically located **OUTSIDE** the *City of Johns Creek or Technology Park, are healthcare providers and have direct contact with their patients. May attend all JCHA functions but may NOT vote or hold a JCHA office. Will NOT be a part of the JCHA member database accessible to patients via the JCHA search engine. May NOT use the JCHA logo.

FORM OF PAYMENT Check Enclosed Credit Card: AMEX VISA MasterCard

Credit Card Number _____ Expiration _____

Billing Address _____

For accounting purposes, our Tax-Exempt ID is 20-5325886

**Fax this form to 305-422-3327 OR mail this form with check made payable to:
Johns Creek Healthcare Association, Inc.**

6134 Poplar Bluff Circle, Suite 101, Norcross, Georgia 30092

Please contact Maryann McGrail with questions at 404-310-5866 or maryann@theassociationcompany.com