



JOHNS CREEK HEALTHCARE ASSOCIATION

Membership Application

Full Name _____

Credentials _____

Business/Practice _____

Email Address _____

(Required: This email will be used for JCHA billing, notices and all correspondence. Please instruct your email program to accept emails from johnscreekhealthcare@gmail.com and diasorda@comcast.net)

Office Tel # _____ Mobile Tel # _____

Website _____

Please add a link on your site to the JCHA website (<http://www.johnscreekhealthcare.org>). Doing so helps to improve our ranking on search engines.

If applying for Tier I, Tier II, or Tier III memberships, applicants MUST list their Johns Creek Office below.

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 membership BUT wish to have correspondence sent to an office other than your Johns Creek Office.

NON-Johns Creek Address _____

City _____ State _____ Zip _____

- Tier I (1-2 Providers) \$200 Tier II (3-5 Providers) \$300 Tier III (6-9 Providers) \$500
 Associate \$100

FORM OF PAYMENT (JCHA Tax-Exempt ID: 20-5325886)

- Check Enclosed AMEX VISA MasterCard

Credit Card Number _____ Exp Date _____ CVV _____

Billing Address _____

Mail this form with check made payable to the JCHA, 3651 Peachtree Parkway, Suite E183, Suwanee, GA or email with credit card payment to Diane Lasorda at johnscreekhealthcare@gmail.com