

HEALTHCARE LEADERS ASSOCIATION OF THE MIAMI VALLEY

PO Box 593 · Dayton, OH 45409-0593

www.hlamv.org

2024 MEMBERSHIP CATEGORIES

Active (\$100.00) (Medical Office Manager, Healthcare Consultants, Providers/Clinicians)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
Supporting (\$140.00) (Vendor—no voting rights)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
Associate (\$75.00) (2nd employee from same practice—no voting rights)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
Student (\$65.00)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal

Dues include membership plus the cost of 4 meetings

Name: _____ Phone: _____

Title: _____ Group: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Specialty: _____ E-Mail: _____

Medical Practice Software: _____

Referred by: _____

Do you wish to receive your HLAMV information via email? Yes No

Are you interested in serving on a HLAMV Committee? Yes No

Please check areas of interest:

- Audit Nominating Membership Program
 Salary Survey Communications Special Projects Other

Are you a current member of (check if yes): HLAOH Other

Briefly describe the following:

Your job responsibilities: _____

Which positions do you supervise? _____

Membership dues are for the calendar year, January 1st to December 31st

Please make checks payable to: Healthcare Leader Assoc of the Miami Valley

**Completed application and payment should be sent to:
HLAMV Membership Director, PO Box 593, Dayton, OH 45409-0593**