



HLAMV
P.O. BOX 593
DAYTON, OH 45409

2025 MEMBERSHIP CATEGORIES

Active (\$125.00) _____ New _____ Renewal
(Medical Office Manager, Healthcare Consultants, Providers/Clinicians)



Supporting (\$175.00) _____ New _____ Renewal
(Vendor—no voting rights)



Associate (\$90.00) _____ New _____ Renewal
(2nd employee from same practice—no voting rights)



Dues include membership plus the cost of 4 meetings

Name: _____ **Phone:** _____

Title: _____ **Group:** _____

Address: _____ **City/State/Zip:** _____

Specialty: _____ **Email:** _____

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

Circle areas of interest:

Audit Nominating Membership Program Salary Survey

Communications Special Projects Other

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

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: HLAMV

Completed application and payment should be sent to:
Jill Watkins, HLAMV Membership Director
P.O. Box 593, Dayton, OH 45409