

# 2020 Associate Membership

**Connecticut PHCC** Ph: 203.379.3007  
PO Box 226 execdirector@ct-phcc.org  
Fishers Island, NY  
06390



## Annual dues include membership at the State level only

|                  |                  |
|------------------|------------------|
| Company Name     |                  |
| Address          | City, State, Zip |
| Phone            | Fax              |
| Email            | Website          |
| Contact Name     |                  |
| Type of Business |                  |

CT-PHCC Associate Membership includes:

|  |  |
|--|--|
| *Your logo and company website listed on our webpage                             | *Discount on all Continuing Education for you and your employees |
| *State Legislative Representation, Local Chapter Participation, State Convention | *Discount on dinner meetings for you and your employees          |
| *Numerous networking opportunities   | *Discount on booths at our Annual Trade Show                     |
| *Access to our membership lists  | <b>\$395 per year</b>  |

|   |                                      |
|---|--------------------------------------|
| Payment Information   | Annual Dues: \$395.00                |
| Enclosed is my check payable to CT-PHCC for \$ _____  |                                      |
| Please charge my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express |                                      |
| Card Number: _____  | Exp. Date: _____ Security Code _____ |
| Signature: _____  |                                      |