

Please complete the following and return with your FHCA Membership Dues payment. Print or type any corrections.

MEMBERSHIP INFORMATION

Contact Name:

Title:

Company

Mailing Address:

City, State, Zip:

County (if FL):

Phone:

Fax:

Email:

Website: _____

Invoice Date:

Membership No.:

Invoice Number:

COMPANY INFORMATION

Membership

Business

Personal

Does this company have other office/locations in Florida?

Yes

No

If so, please list mailing address and contact for each *(Use separate piece of paper if necessary):* _____

Service Category *(Please check all that apply):*

- Accounting/Financial Services
- Architectural/Engineering/ Contracting Services
- Background/Drug Screening
- Billing Services
- Consulting Services
- Dental/Vision/Podiatric Services
- Documentation
- Electronic Equipment, Supplies
- Food Service
- Furniture/Beds
- Group Purchasing Organization
- Home Health Agency
- Insurance Products/Sales
- Janitorial/Housekeeping Supplies, Equipment
- Job Placement/Recruitment/Staffing Services/PEO
- Laboratory Services

- Legal Services
 - Medical Equipment Sales/Rentals
 - Medical/Surgical Supplies
 - Office Supplies
 - Personal Care Products
 - Pharmaceuticals/Pharmacy Services
 - Psychology/Mental Health Services
 - Radiology/Imaging Services
 - Rehabilitation/Therapy Services
 - Respiratory Services/Supplies
 - Salon Services
 - Software/Information Systems
 - Staff Training Materials/Services
 - Textiles/Linens/Uniforms
 - Transportation
- Other: _____

20-word description of products and/or services: _____

