California Dialysis Council

CORPORATE MEMBERSHIP APPLICATION

Membership term ~ 12 months from date of payment

Membership Type:

Corporate Sponsor $1000.00

Organization Name: _____

Address: _____

_____

Telephone #: (_____) _____ Fax # : (_____) _____

Primary Contact Name: _____

Address: _____

_____

Telephone #: (_____) _____ Fax # : (_____) _____

E-mail Address: _____

Which other employees do you wish to receive communications (Reports, News Updates, etc.) ?:

Name: _____

E-mail (please enter e-mail address)_____

Name: _____

E-mail (please enter e-mail address)_____

Name: _____

E-mail (please enter e-mail address)_____

Name: _____

E-mail (please enter e-mail address)_____

Name: _____

E-mail (please enter e-mail address)_____

Please return this form with your check, made payable to the California Dialysis Council to the Administrative Office at the address below.

Administrative Office: 303 E. Gurley Street, PMB 458 • Prescott, AZ 86301-8631 • Tel: (928) 717-1156 Fax: (928) 441-3857
Email: mail@californiadialysis.org Web site: www.californiadialysis.org