

PROVIDERS' COUNCIL

INDIVIDUAL MEMBERSHIP APPLICATION 2018

Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Individual Membership dues:
\$200

Please make checks payable to MCHSP, Inc. Mail to 88 Broad Street, 5th Floor, Boston MA
02110.

Note: Dues are not a deductible as a charitable contribution.

(Membership lasts for the calendar year: January through December)

Questions? Contact Christina Broughton, Membership and Programs Coordinator, at 617.428.3637 x125 or
christina@providers.org.