



2022 INDIVIDUAL MEMBERSHIP

Name: _____
Organization (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Website: _____

Individual Membership dues:
\$200

Please make checks payable to MCHSP, Inc. Mail to 100 Crossing Blvd., Suite 100,
Framingham, MA 01702.

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

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

Questions? Contact us at info@providers.org or call 508.598.9800.