



2023 ASSOCIATE MEMBERSHIP

Company/Organization Name:

Mailing Address:

City/Town:

State:

Zip Code:

Phone Number:

Fax:

Website:

Primary Contact:

Title:

Email:

Additional contacts: (please let us know if anyone else at your organization would benefit from our information about marketing opportunities or human service news)

Name:

Name:

Title:

Title:

Email:

Email:

YES NO

Would you like a link to your website posted on ours (www.providers.org)?

Would you be interested in presenting a webinar/workshop for our members in 2023?

Are you looking to advertise in 2023?

Do you receive Delta Dental insurance through the Providers' Council?

Associate Membership dues:

\$600

If paying by check please make checks payable to MCHSP, Inc.
Mail to: 100 Crossing Blvd., Suite 100, Framingham, MA 01702.

Dues are not deductible as a charitable contribution.

Membership lasts for the calendar year: January through December

Questions? Contact info@providers.org or 508.598.9800.