

National Healthcare Collectors Association, Inc.

2006-2007 SUPPORTING MEMBERSHIP DUES

WHO SHOULD HOLD MEMBERSHIP

◆President/CEO/Manager

◆Sales/Marketing Manager

Name _____

Title _____

Company _____

Address _____

City, State, Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____

Briefly describe the nature of your business: _____

Are you owned by or affiliated with any privately owned collection agency? [] Yes [] No

Associate Membership – Other individuals from your organization who are requesting mailings, meeting notices and newsletters about NHCA.

Name _____

Name _____

Title _____

Title _____

Phone _____

Phone _____

E-mail _____

E-mail _____

Name _____

Name _____

Title _____

Title _____

Phone _____

Phone _____

E-mail _____

E-mail _____

Level of Membership Interest: [] Platinum

[] Gold

[] Basic Membership

Total Membership Cost: \$ 2,500.00

\$ 1,500.00

\$ 1,000.00

Total Amount Enclosed \$ _____

Make check payable to: **NHCA**

Questions: Phone: 1-888-698-8022

E-mail: mpowell@scacreditservices.com

Mail to: NHCA, Membership

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Roanoke, VA 24012