

Health Care Marketing Alliance
HMCA
2018 INVOICE
ANNUAL MEMBERSHIP DUES

Business Name: _____

Business Contact: _____

Business Address: _____

Business Phone Number: _____

Annual dues	\$45.00
After April 15, 2018 add \$10	
Total Due	\$

Please make checks payable to: HCMA

Mail Payment to:

HCMA

PO Box 10123

Fayetteville, AR 72703

Please send all inquiries to info@hcmawa.net