

Health Care Marketing Alliance  
HCMA  
2019 INVOICE  
ANNUAL MEMBERSHIP DUES

Business Name: \_\_\_\_\_

Business Contact: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Annual dues	\$45.00
After April 15, 2019 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](mailto:info@hcmawa.net)