



Health Care Marketing Alliance

2023 INVOICE

ANNUAL MEMBERSHIP DUES

Business Name: _____
Business Contact: _____
Business Address: _____
Business Phone Number: _____

Annual Dues:	\$ 85.00
After April 15, 2023 add \$10	
TOTAL DUE:	\$ <input type="text"/>

Please Make Checks Payable to: HCMA

Mail Payment to:
HCMA
PO Box 10123
Fayetteville, AR 72703

Please send all inquiries to info@hcmawna.net