



The Alliance of Professional Health Advocates

INVOICE

One Year PREMIUM Membership

Renews one year from receipt of payment.

259.00

Your first year membership pricing has been discounted.

TOTAL AMOUNT DUE

\$ 259.00

Thank You!

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Terms: Payable on receipt.

Please make check payable to: The Alliance of Professional Health Advocates

Remit to: The Alliance of Professional Health Advocates
955 Massachusetts Avenue, #158
Cambridge, MA 02139

Once we receive your check, it may take up to two weeks while we wait for it to clear.

Once your check clears, you'll receive your Welcome Email and will be able to log in, and take advantage of your new APHA membership benefits.

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Please enclose this form with your check or money order:

Your Name: _____

Your Organization's Name: _____

Email Address you used on your application: _____