



Healthcare Leadership Network

"Strengthening Healthcare Leaders"

Membership Application & Renewal

All information will be included in the membership roster database and available to other members unless confidentiality is specifically requested on the application.

Individual Dues: \$25 per year

Please mail your application and payment to:

HLN Membership coordinator, 3005 Cinsant Drive, Cameron Park, CA, 95682

Checks Payable To: Healthcare Leadership Network

Date _____ New _____ Renewal _____ Update _____

Name _____ Job Title _____

Company Name _____

Street Address _____

City/State/Zip _____

Work Phone () _____ - _____ Fax () _____ - _____

Work E-mail address _____

EDUCATION / AREAS OF EXPERTISE

Areas of Expertise/Knowledge: *(optional)* Please provide information that can be shared with association members.

Education/ Degree _____

Institution _____

PERSONAL INFORMATION (Confidential)

Home Address _____

Home E-mail Address _____

Home Phone () _____ - _____ Home Fax () _____ - _____

Please send meeting notices to the following email address: _____ HOME _____ WORK

Yes, include me in the Membership Roster using: _____ HOME _____ WORK _____ BOTH

No, I do not wish to be included in the Membership Roster. _____

As a Healthcare Leadership Network Member I agree to abide by the group's Bylaws:

Signature

Date