



## 2019 Membership Application

Please print, complete and return with payment to:

EWHC  
8909 Purdue Road, Suite 130  
Indianapolis, IN 46268

First Name:

Last Name:

Company:

Job Title:

Email Address:

Company Address:

Company City State Zip:

Company Phone:

Home Address:

Home City, State Zip:

Cell Phone:

Alternate Email Address:

Years in the Healthcare Industry:

Committee Interest:  Events  Sustainability  Membership

Membership Level:  Provider: \$100.00 Annual Dues  
 Non-Provider: \$125.00 Annual Dues

### Questions?

Contact Amy Herbertz  
317-686-2670 [aherbertz@mattisoncorp.com](mailto:aherbertz@mattisoncorp.com)