2017 Membership Application

Company Name: ____

Contact Name: ____

Contact Title: ____

Contact Phone Number: ____

Email Address: ____

Membership Category (select all that apply):

- ☐ Adult Day Care
- ☐ Attorney
- ☐ Assisted Living Facility
- ☐ Business Development
- ☐ Case/Care Management
- ☐ Diagnostic
- ☐ Dialysis
- ☐ Durable Medical Equipment
- ☐ Employment Services
- ☐ End of Life Planning
- ☐ Finance/Insurance
- ☐ Guardian
- ☐ Health Education
- ☐ Holistic
- ☐ Home Health – Medicare
- ☐ Home Health – Private
- ☐ Hospice
- ☐ Hospital
- ☐ Housing
- ☐ Independent Living
- ☐ Information Services
- ☐ Mediation
- ☐ Newspaper / Publication
- ☐ Non-Profit Organization
- ☐ Nutrition
- ☐ Pharmacy
- ☐ Physician
- ☐ Real Estate
- ☐ Skilled Nursing/Rehab
- ☐ Therapy Services
- ☐ Transportation
- ☐ Travel
- ☐ Weight Loss
- ☐ Other (Specify) __________________________

Company Address: ____

Company Phone Number: ____

Website Address: ____

Company Description (50 words or less): ____

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Membership dues are $35.00 a year. New memberships received after September 30th will be considered paid in full for the remainder of the current year and the forthcoming year.

Please make all checks payable to Brevard Association of Human Services (BAHS) and send payment to:

Brevard Association of Human Services (BAHS)
PO Box 964
Melbourne, FL 32902

By completing this Membership Application and submitting your payment online, you are certifying that your organization provides health and/or human services in Brevard County, Florida.

If you have any questions regarding membership or your membership application, please contact:
Kathi Ridner, president
321-751-6771