

AHPRMS Membership Application

Please print out this application and mail it with your check of \$50 payable to:
Alabama Healthcare PR and Marketing Society, c/o Alabama Hospital Association,
500 North East Blvd., Montgomery, AL 36117

Name

Position/Title

Organization/Hospital

Mailing Address

City/State/Zip

()

()

Phone Number/Fax Number

E-mail Address

Number of Years in Marketing/PR Profession

Date of Application