



HCO MEMBERSHIP APPLICATION

New member **Renewing member** (HCO member since _____)

Name of Applicant _____ **Date** _____

Title/Position _____ **Organization** _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Business Phone _____ **Fax** _____ **Home** _____

Business email _____ **Personal email** _____

Company Size: <25 26 to 99 100-499 500+

Type of Organization:

- Hospital/Health System Non-Profit Association Health Plan/Insurance Company
 Advertising/PR/Marketing Agency Government Agency Physician Clinic
 Alternative Healthcare Sponsor Other (specify) _____

How did you hear about HCO? _____

Suggestion for topic or speaker for future HCO event: _____

Membership Category

- \$50 – Individual Member (Membership belongs to the individual regardless of employer.)
 \$50 – Corporate Member (Membership belongs to the employer and is for one person only, but may be transferred.)
 \$40 – Additional Corporate member from the same company (For additional persons from the same organization, one full price corporate membership must be purchased or currently active. Each member submits a separate application.)
 \$25 – Student Member (currently enrolled full-time advertising/PR/marketing/healthcare administration undergraduate or graduate students)
 \$150 – Sponsor Member (restricted membership for individual interested in networking with HCO members, but not involved in health care PR, marketing, or advertising)

Make checks payable to HCO and mail with application to:

Rika Bering
21215 S. Sweet Briar Rd.
West Linn, OR 97068

For more information contact: Tom Eiland, Membership Chair tome@cfmpdx.com , (503) 802-4112	For meeting information: www.hcoregon.org
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