



5900 South Western Avenue, Suite 102 Sioux Falls, SD 57108
Phone: (605) 275-5349; Fax: (605) 731-2575
Email: info@physicianhospitals.org Web: www.physicianhospitals.org

Professional Membership Invoice and Application
Dues to be paid annually by March 15

Professional Membership \$ 1,500

Professional Membership is available to a health care provider, attorney, administrator or lobbyist who does not have an ownership interest in a physician hospital and/or who is not employed as medical personnel or staff of a physician hospital or entity that is eligible for PHA Facility membership. Members shall receive full benefits. This is a non-voting membership.

Membership Information

Your Name _____

Company Name _____ Website _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Please list additional contact(s) to be included in PHA's membership. Most of PHA's communications are by email.

	Name	Title	Email	Phone
Primary Contact				
Other				
Other				

Payment Information

Please make check payable to PHA.

Send application and payment directly to: Physician Hospitals of America
5900 South Western Avenue, Suite 102
Sioux Falls, SD 57108

Or provide credit card information below (Visa/Mastercard only) and fax this form to (605) 731-2575

Visa MC Credit Card # _____ Expiration Date: _____

Please charge my card: \$ _____

Cardholders Name: _____ Cardholders Signature: _____

Pursuant to the 1993 Omnibus Reconciliation Act, the Physician Hospitals of America has estimated that the non-deductible portion of your dues for lobbying expenses is 50%. The remaining portion of your dues may be deducted as an ordinary and necessary business expense. Taxpayer ID is **770556575**.