



**PROFESSIONAL ASSOCIATION OF HEALTH
CARE OFFICE MANAGEMENT
VENTURA COUNTY CHAPTER
CORPORATE SPONSOR APPLICATION**

Name of Company _____ Date: _____

Product/Services Offered: _____

If your company has a special benefit or discount you wish to offer to PAHCOM members, please list:

Contact Person: _____ Position: _____

Company Address: _____ Suite _____

Company City _____ State _____ Zip _____

Phone: _____ Fax: _____ Cell: _____

E-mail _____@_____

WebSite: _____@_____

WOULD YOU BE INTERESTED IN SPONSORING A LUNCHEON? YES ___ NO ___

PAHCOM Chapter: VENTURA COUNTY CHAPTER

How were you referred to PAHCOM? _____

PAHCOM CORPORATE SPONSORSHIP PLEDGE

I agree to promote the professionalism of PAHCOM through the pursuit of excellence in assisting health care office management members in day-to-day activities with services, and to further support the association by responding to PAHCOM's surveys to the best of my ability. Enclosed is my payment for **\$150.00** made payable to **PAHCOM VENTURA COUNTY CHAPTER** for my annual membership dues. I understand my membership is valid for 12 months (calendar year) unless otherwise stated. I understand I will have a featured spot at one of the monthly chapter meetings and networking available pre-meeting each month. My web site will be linked and featured on the PAHCOM Ventura web site.

I wish to participate in the Annual PAHCOM Workshop and Vendor Expo (Annually in May): **YES___ NO___** (You will be contacted again closer to the Workshop date).

Signature: _____ Date: _____

PAYMENT Checks Only Check# _____

MAIL TO:

PAHCOM VENTURA CHAPTER
ATTEN: KAREN DOWNEY
1901 HOLSER WALK, STE. #305
OXNARD, CA 93036

Alternate Address:
P.O. BOX 23283
VENTURA, CA 93002

WEB SITE: www.pahcomventura.com