

# 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 \_\_\_\_\_

Web Site: \_\_\_\_\_

Local 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 from inception.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### METHOD OF PAYMENT

Check Only    Check # \_\_\_\_\_

**MAIL CHECK TO:** PAHCOM VENTURA COUNTY CHAPTER P.O. Box 23201 VENTURA, CA 93001

Your product description and discount offer will be included in our Chapter Membership Roster (included) and you will have your name, business, and email contact listed with a link on our web site. We will also ask you to participate in our annual Spring Workshop and Vendor Expo, details will follow.

**WEBSITE:** [www.pahcomventura.com](http://www.pahcomventura.com)