

HEALTHCARE EXECUTIVES CLUB - APPLICATION FOR MEMBERSHIP

Non-Student Active Membership _____

Graduate Student Membership _____

Instructions:

1. Print this form, complete, date and sign the application. (enter N/A where appropriate)
2. Mail , together with information specified below.

Non-Student Active Membership

- A. Include Complete Resume including employment history.
- B. Copy of Educational Credentials or Transcript.
- C. Organizational Chart of your employer showing your position.
- D. Have your sponsor submit a letter of recommendation.
- E. Include a check for \$100 for dues payable to HEC.

Graduate Student Membership

- A. Copy of Undergraduate Diploma or Transcript verifying graduation
- B. Copy of current Student ID card.

Field Detail Print Or Type All Information

1. Last Name _____ MD ___ PHD ___ Mr. ___ Ms. ___ OTHER _____
2. First Name _____ Middle Initial _____
3. Job Title _____ (or) Retired _____
4. Employer _____
5. Business Address _____
6. Business City, State, Zip Code _____
7. IF student : Graduate School _____ Expected date of Graduation _____
8. Business Phone _____
9. Business Fax _____
10. Business E-mail: _____
11. Home Address _____
12. Home City,State,ZipCode _____
13. Home Phone _____
14. Home Fax _____ 15. Cell Phone _____
16. Home E- mail _____
17. Name of Spouse (or) Significant Other _____ Not Applicable _____
18. Name of Sponsor (s) _____

Date of Submission _____ Signature of Applicant _____

Mail to: Healthcare Executives Club, 4809 Avenue " N " , Suite # 260, Brooklyn, NY 11234