



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

To provide payment via fax, please provide credit card information below and fax this form to (605) 731-2575

Visa MC American Express Discover

If you email this document, you will be contacted by a representative for your credit card information.

Credit Card # _____ Expiration Date: _____ Please charge my card: \$ _____

Cardholders Name: _____ Cardholders Signature: _____

Or you can make a credit card payment by calling PHA at (605) 275-5349. PHA accepts Visa, Mastercard, American Express and Discover. Thank you.

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 at least 53%. The remaining portion of your dues may be deducted as an ordinary and necessary business expense. Taxpayer ID is 770556575.