



Kansas Association of Health Care Communicators

Membership Application

To apply for membership, complete this application form and mail it along with your check to:

KAHCC

SE 8th Ave

Topeka, KS 66603-3906

Make checks payable to the Kansas Association of Health Care Communicators.

Renewal

New Member

Name: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Work: _____ Cell: _____

Email: _____

Circle the communication platforms your organization uses:



Type of membership for which you are applying:

_____ **Active (\$40)**

Employee of Kansas health care organizations who is responsible for developing, administering and implementing public relations, communications, marketing programs.

_____ **Associate (\$50)**

Individual who works as a consultant, employee or agency representative for businesses that serve health care organizations.

_____ **Student (\$5)**

Individual actively pursuing a degree in communications, public relations, marketing, etc., who isn't currently employed by a health care organization.