



County

Phone (_____) _____ **Fax** (_____) _____

Member Name (please print): _____

Member Signature: _____ Date: _____

Would you be interested in serving on a committee or as a POHMS Board Member? Yes No

Please do not hesitate to contact me with any questions. A copy of this application will be mailed to you after it is processed which will serve as confirmation of your paid membership.

**Fran Spine
Administrative Director
908-617-5063, ext. 304**

For Office Use Only

Membership Level: _____