



New Individual "Grandfather In" Membership Application

(one form per person please)

Today's Date _____

Please print your name EXACTLY as you would like it to appear on your certificate!

First _____ Middle Initial _____ Last _____

Job Title _____ Credentials _____

Which credential do you wish to Grandfather in to? (please check) CCP _____ CCP-H _____ OTHER (specify) _____

Which organization(s) are you credentialed through? _____ What is your renewal date? _____

* **MUST** submit proof of current membership along with this application showing you are in good standing with said organization

Home Address: _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Practice/Company _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____

E-mail address _____

Last four digits of social security number _____ (this will serve as your member number)

How did you hear about PHIA? _____ Website _____ Google _____ Yellow Pages

_____ Referral (word of mouth) Whom may we thank for referring you? _____

_____ Other (Please explain) _____

Grandfather In: (circle one) 1 credential: \$95.00 2 credentials: \$145.00 3 credentials: \$195.00

Method of Payment: Check Number _____ Amount _____

MC/Visa/Discover (Circle one) Card Number _____

Expiration date _____ **3 digit Security Code** _____ (on back of card)

Name on Card _____ **Signature** _____

Complete Address (if different from above) _____

Mail to: 4010 Dupont Circle, Suite #418 Louisville, KY 40207 **OR** **Fax:** 502-473-8807

Questions Call: 502-473-8806 Office 866-473-3036 Toll Free
Email: Membership@phia.com or visit us at www.PHIA.com