



A division of Medical Staff S.O.S., Inc.

## INDIVIDUAL MEMBERSHIP RENEWAL FORM

*"There are no secrets to success:  
Don't waste time looking for them.  
Success is the result of perfection,  
hard work, learning from failure,  
loyalty to those for whom you work,  
and persistence."  
Author Unknown*

Date \_\_\_\_\_

Name \_\_\_\_\_ Address (home) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address (work) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_

Membership Renewal: \$95 \_\_\_\_\_ Method of payment: Check enclosed \_\_\_\_\_ Check # \_\_\_\_\_

MC/VISA/Discover# \_\_\_\_\_

3-digit Security Code: \_\_\_\_\_ Exp. \_\_\_\_\_ Billing Zip \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE NOTE:** All information above is kept in the strictest of confidence; your information will never be sold or given to any other person or organization unless you have been contacted in advance and have given your expressed written permission.

Upon completion, please **MAIL** to: PHIA  
**Attention: Membership Services**  
4010 Dupont Circle, Suite #418  
Louisville, KY 40207

**RENEWAL FORMS OR CEUs Will Not Be Accepted by FAX!!!**

Questions: contact [membership@phia.com](mailto:membership@phia.com) or 502.473.8806 x203 or TF 866.473.3036