

To avoid interruption in your member services, or to begin your membership, **please send payment to SEHFA by February 28, 2010.** Join today to receive up-to-date information on the future of the industry and new member benefits as they become available.

SEHFA membership is on a calendar year basis (January - December). Renew or join now for membership through December 31, 2010. If you have questions, please call Sandy Ritter, Administrative Coordinator, at 910-715-1834 or email sritter@firsthealth.org.

Membership Options

<p><input type="checkbox"/> Corporate Member: \$150.00 for Initial Site + \$50 for each additional site (\$250 maximum)</p> <ul style="list-style-type: none"> ❖ Initial site membership provides for 2 voting members ❖ Additional site provides for 1 voting member ❖ Eligible to serve on Committees or Board ❖ Free Career Listings on Web Site ❖ Receives quarterly newsletter ❖ Access to bench-marking information ❖ Discounted conference registration 	<p><input type="checkbox"/> Associate Member: \$250.00</p> <ul style="list-style-type: none"> ❖ Individual or Business serving in a support(vendor) role to the industry. ❖ Discounts for conference sponsorships ❖ Opportunities to participate in focus group meetings with industry leaders and annual roundtable discussions with other vendors & primary customers. ❖ Non-voting membership ❖ Free Career Listings on Web Site ❖ Receives quarterly newsletter
<p><input type="checkbox"/> Professional Member: \$75.00</p> <ul style="list-style-type: none"> ❖ Individual membership not subsidized by employer and/or corporate sponsor. ❖ Voting privileges ❖ Eligible to serve on Committees or Board ❖ Receives quarterly newsletter ❖ Discounted conference registration 	<p><input type="checkbox"/> Student Member: \$50.00</p> <ul style="list-style-type: none"> ❖ Individual membership for aspiring professionals ❖ Non-voting membership ❖ Receives quarterly newsletter ❖ Access to Career Opportunities & Member Forum on SEHFA Website ❖ Discounted conference registration

Please include the following information when forwarding a check. Thank you for your continued support!

Name _____ Title _____

Hospital Affiliation/Company _____

Fitness/Wellness Facility Name _____

Address _____

Phone _____ Fax _____ Email _____

Additional Site(s)/Facility Names (as applicable) _____

Address _____

Additional Site(s) Contact Names/Mgrs _____ Email _____

Amount enclosed: \$ _____

Check # _____

Make all checks payable to: SEHFA Mail to: 170 Memorial Drive, Pinehurst, NC 28374