



Make checks payable to HIPSS and send to:
HIPSS
380-H Knollwood St., Suite 108
Winston-Salem, NC 27103

MEMBERSHIP DUES INVOICE

Please fill out so we can keep the website and our email lists up-to-date.

Company Name: _____
Mailing Address: _____
City, State and Zip: _____
Office Phone: _____
Office Fax: _____
Website: _____

Membership Plans:

Regular Membership= \$ 55.00/per year: includes an individual membership to HIPSS for one calendar year and no meal will be provided.

Please list below representative(s) from above company that will be attending meetings and their membership plan preference:

_____ \$55/yr
Name Email address

Job Title

_____ \$55/yr
Name Email address

Job Title

_____ \$55/yr
Name Email address

Job Title

_____ \$55/yr
Name Email address

Job Title

Number of REGULAR Memberships: _____ X \$55= Total \$_____

Date Received:
Check or Electronic: