



## PARTNERS IN PERSONAL CARE (PIP) MEMBERSHIP 2016 APPLICATION

### Available Memberships:

- ☐ Individual Membership \$30.00
- ☐ Facility Membership – 2 representatives \$50.00
- ☐ Facility Membership – 3 representatives \$75.00
- ☐ Professional Membership (Pharmacy, Home Care/Hospice, Consultant etc. ) \$100.00

Make check payable to Partners in Personal Care and mail to:  
PIP C/O Sherry Andreo 307 County View Drive Irwin, PA 15642

Name \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### 2<sup>nd</sup> Member information

Name \_\_\_\_\_

Email \_\_\_\_\_

### 3<sup>rd</sup> Member information

Name \_\_\_\_\_

Email \_\_\_\_\_

Please check out our website: [www.partnersinpersonalcare.com](http://www.partnersinpersonalcare.com)

Email communication will come from [info@partnersinpersonalcare.com](mailto:info@partnersinpersonalcare.com)

For PIP only:

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_ ☐ Cash ☐ Check # \_\_\_\_\_