



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

New Individual Membership Application

Today's Date _____

Please print your name EXACTLY as you would like it on your diploma/certificate (if applicable):

First _____ Middle Initial _____ Last _____

Job Title _____ Credentials (if applicable) _____

Which organization(s) are you credentialed through? _____

What is your renewal date? (With above organization(s)) _____

Home Address: _____

City _____ State _____ Zip _____

Practice/Company _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____

Home Phone _____ Mobile Phone _____

E-mail address _____

Last four digits of social security 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) _____

Please use a separate form for each person

Individual Membership \$95.00

Method of Payment: Check Number _____ Amount _____

MC/Visa/Discover/Diners Club (Circle one) Expiration date _____ Billing Zip Code _____

Card Number _____ 3 digit Security Code _____
(on back of card)

Name on Card _____ Signature _____

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: MSSOS@PHIA.com or visit us at www.PHIA.com