



DFW-CHW Association Membership Application

Member Information			
Name		Date Applying	
Street Address		City	State
			Zip Code
Primary Contact Number		Primary Email Address	
Emergency Contact Name		Emergency Contact Phone Number	
Employment Information			
Currently employed as a CHW? <i>(Circle one)</i> Yes No			
Job Title		Employer Name	

Membership Type		
<input type="checkbox"/> CHW Training Center	Organization Name	
<input type="checkbox"/> CHW Student	School Name	
<input type="checkbox"/> Certified CHW	Certificate Number	
<input type="checkbox"/> Certified CHW Instructor	Certificate Number	
<input type="checkbox"/> Partner Organization	Organization Name	
Please Enter an Organization Contact Name		

Membership Fees
Individual Membership Fee: \$25.00 per year OR \$40 for 2 years - <i>for CHWs or CHWIs only</i>
Partner Organization Membership Fee: \$100 per year

All information provided in this application is for the use of the DFW-CHW Association. This information will be protected under all HIPPA regulations and other privacy laws allowed. All personal information is to be used only in the distribution of information and announcements provided by the association and its partners.

Would you like to be included in our online member directory? Yes No

Checks can be mailed to:
 DFW-CHW Association,
 PO Box 232, Arlington, TX 76004

FOR OFFICE USE ONLY

Amount collected/received	Type of Payment:	Date Received:
\$Click here to enter text.	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____ <input type="checkbox"/> Credit Card Type:	
Received by: Click here to enter text.		