



To begin your organization's annual membership with the TAWPI Healthcare Payments Automation Council, please complete and return this form or call David Nitchman at 617-426-1167 ext 115 initiate your membership.

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Billing Contact: _____ Title: _____

Billing Address: _____
Billing City: _____ Billing State: _____ Billing Zip: _____

Billing Phone: _____ Billing Email: _____

Primary Contact for the Council:

Name: _____
Title: _____
Email: _____
Phone: _____

Please indicate your organization's primary business activity (check only one):

- Banking Gov't – Local Software Development
- Consulting Gov't – State Systems Integrator
- Data Processing Gov't – Fed E-Commerce
- Health Care/Medical Insurance Finance/Accounting Financial Services
- Lockbox Provider Service Bureau Other: _____

Payment Information:

Choose one:

- Processors & Vendors: \$2,500 for HPAC only
- I am a current Payments & Receivables Council Member: \$1,500

Bill me Visa MasterCard American Express

For credit card use:

Card #: _____
Exp. Date: _____
Cardholder name: _____
Signature: _____

Please fax this form with payment to:

The Association for Work Process Improvement, 75 Federal Street, #901, Boston, MA 02110
Fax: 617-521-8675