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**INTERNATIONAL HEALTH FACILITY DIVERSION ASSOCIATION (IHFDA)**

**CORPORATE MEMBER APPLICATION**

Name of Company

Address

City, State, Zip Code

Name and cell number of contact person

Level: Platinum ($10,000)\_\_\_\_\_ Gold ($5,000)\_\_\_\_\_\_ Silver ($3,500)\_\_\_\_\_

Please make checks payable to IHFDA Inc., and send to:

**IHFDA**

**P.O.Box 28**

**Bethel, Ohio 45106**

Any questions, please contact John Burke, [jburke@ihfda.org](mailto:jburke@ihfda.org)

Thank you!

John Burke

President, IHFDA

[www.ihfda.org](http://www.ihfda.org)