

MEMBERSHIP FORM

Send Annual Dues of \$25.00
(Additional Family Members are \$15.00 each)

to

CHEO

P.O. Box 28034

Chattanooga, TN 37424

Make Check Payable to: ***Complimentary Health Education Organization***

=====

Name _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

e-mail Address: _____

Yes I want a free listing in the CHEO directory

Directory Listing Service Category: _____

Website Address: _____

Description of Service (30 words or less)

=====

List Additional Family Members below:

Name _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

E-Mail Address: _____

Yes I want a free listing in the CHEO directory

Directory Listing Service Category: _____

Website Address: _____

Description of Service (30 words or less) :

=====

Name _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

E-Mail Address: _____

Yes I want a free listing in the CHEO directory

Directory Listing Service Category: _____

Website Address: _____

Description of Service (30 words or less) :
