



Independent Clinics Program Access Membership Application

715 Horizon Drive, Suite 485
Grand Junction, CO 81506
970.245.8138

Company or Practice Information

Company/Practice Name: _____

DBA (if different): _____

Physical Address: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Website: _____

Number of Locations: _____

Current FTEs: _____

GPO: _____

Dues: \$500/year, due payable before program access begins.

Main Contact Information

Name: _____

Title: _____

Phone: _____

Email: _____

Secondary Phone: _____

Secondary Email: _____

Secondary Contact Information

Name: _____

Title: _____

Phone: _____

Email: _____

Secondary Phone: _____

Secondary Email: _____

Authorized Signature

Signature: _____

Name: _____

Title: _____

Date: _____