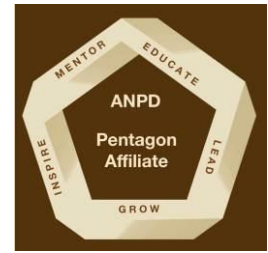




The Pentagon Council of
Healthcare Professional Development



MEMBERSHIP APPLICATION

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Would you like to be?	YES	NO	NA

Is there a topic you are passionate about? _____

Is there a speaker you recommend? _____

~~~~~

**RECEIPT:** *keep for your records*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Signed: *Stephanie Kubitzka, Treasurer*

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