

Indiana Community Health Workers Association



PO Box 7098 317-721-1181 incommunityhealth@gmail.com

Greenwood IN 46142 F: Fax Number www.INCHWA.org

Bill To: Phone:
 Address: Fax: Date
 Contact: Email:

Invoice For: **Level 2 CHW Membership**

Item #	Description	Qty	Unit Price	Discount	Price
1	Yearly INCHWA Level 2 CHW Membership	1	\$ 40.00		\$ 40.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

Benefits of a Yearly Level 2 CHW Membership:

This membership is for CHWs, or interested individuals supporting the CHW workforce to stay current with news about public health and want access to INCHWA's Specialty Training Academy, CHW resources, job postings, and the CHW community forum.

	Invoice Subtotal	\$ 40.00
	Other	\$ 10.00
	TOTAL	\$ 50.00

Make all checks payable to Indiana Community Health Workers Association.

Total due in 30 days.