

## 2017 CGA Membership Form

We are pleased to invite you to renew your membership with the Collaborative Group of Americas (CGA). You may renew by filling out the information below and submitting payment by check or credit card information.

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

*Please provide your email address as all future correspondence will be via email*

EMAIL:

### **Membership Type:**

PHYSICIAN/PHD SCIENTIST - \$200  
 TRAINEE - \$25

ALLIED HEALTHCARE PROFESSIONAL - \$75

*Make checks payable to:*  
**Collaborative Group of Americas (CGA)**

*Mail to:*  
PACE Medical Communications  
Attn: 2017 CGA Membership  
1400 N. Harbor Blvd. Suite 625  
Fullerton, CA 92835