



Telehealth It Just Makes Sense!

Individual Application

Join other organizations, corporations, and individuals who are committed to improving health care access, quality, and efficiency through telehealth.

Membership Type: Individual \$175 per calendar year

Name: _____

Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Telephone Main: _____ Fax: _____ Email: _____

Payment: Visa MasterCard American Express Check

Make Check Payable to: **CENTER FOR TELEHEALTH & E-HEALTH LAW**
1500 K Street, NW, 11th Floor, Washington, DC 20005

Cardholder Name: _____

Signature: _____ Date: _____

Card Number: _____ Expiration Date: _____

Cardholder's Billing Address (required): _____
City: _____ State: _____ Zip: _____

Phone Number: _____ Verification Code: _____
3-digit code on back of credit card

Please complete the application and fax to CTeL at 202.230.5300 or mail to us at the below address.
We are delighted to welcome you to the CTeL family!