

**LORHN**

5725 Corporate Way, Suite 208  
West Palm Beach, FL 33407  
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T: (877) 819-2357  
mleeds@lorhn.org



**MEMBERSHIP APPLICATION**

1. Name: \_\_\_\_\_

2. Contact Person: \_\_\_\_\_

3. Business Address: \_\_\_\_\_

\_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

5. County(ies): \_\_\_\_\_

6. List additional offices, if any: \_\_\_\_\_

\_\_\_\_\_

7. Telephone Number: (     ) \_\_\_\_\_

8. Fax Number: (     ) \_\_\_\_\_

9. Type of Health Care Provider (Use professional or facility license designation. Examples: preventive health, primary health, secondary and tertiary health care, hospital, public health, health promotion and education, home health, hospice, EMS, community-based services for elders, psychiatric, substance abuse, skilled nursing, long-term care, dialysis, osteopathic and/or chiropractic manipulative therapy, specialist physician):

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10. Type of services to be provided (i.e. public health, primary care, emergency medical care, acute inpatient care, trauma agency, behavioral health, home health, or other provider category):

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11. Days and Hours of Operation: \_\_\_\_\_

12. Hospital Staff Memberships (if applicable):

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13. Are you Board Certified? \_\_\_\_\_ If so, in what area(s): \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Marilyn Leeds,

\_\_\_\_\_  
Title

Executive Director  
Lake Okeechobee Rural  
Health Network, Inc.

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

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