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| Hurley Medical Center logo 2C  ***Medical Staff Office***  Ph: (810) 262-9239  Fx: (810) 262-9249 | INVOICE | | | |
|  | | | |
| To: Prospective Professional Staff Member | |  | | |
| DESCRIPTION | | | | AMOUNT |
| Non-Refundable Application Fee for Professional Staff Membership | | | | $200.00 |
|  | | | |  |
|  | | | |  |
|  | | | |  |
| TOTAL | | | | $200.00 |

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| Make all checks payable to **Hurley Medical Center**  **Payment is due with your application** |
| Thank You! |