

**CAHCEO, INC.**  
**2025 MEMBERSHIP APPLICATION**



Mail completed application with dues payable to:

Ebrima Jobe  
C/O Dpt of Health and Human Services  
Stamford Government Center  
888 Washington Blvd. 8 th Floor  
Stamford, CT 06901

Active Member ( ) \$35.00 Associate Member ( ) \$40.00 Retired Member ( ) N/C

*Please check preferred mailing method: Email ( ) Fax ( ) Mail ( )*

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Position/Title \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (optional): \_\_\_\_\_ Cell Phone: (optional): \_\_\_\_\_

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