



Commit to Purchase Form

By submitting this form, you are entering into a contract to purchase KYACHW membership for the below listed individuals within the next 60 days. Conditional membership will be effective immediately upon receipt of this form.

Organization Contact Information

Contact person

E-mail Address

Phone Number

Organization Name

Street Address

Street Address 2

State

Zip Code

Billing Address

Same as above

Contact person

Organization name

Street address

Street address line 2

City

State

Zip Code

Shipping Address

Same as above

Contact person

Business name

Street address

Street address line 2

City

State

Zip Code

Member name, phone number and email

(Please list one member per line)