



FREE Subscription Offer for Former Written Requestors

To receive a print subscription to *JUCM*, please complete the form below and return it by fax or email. Please make sure you sign and date the form. Clinicians, business professionals and administrators who work at US-Based Urgent Care Centers are eligible to receive a subscription of JUCM.

To qualify for a free subscription, you must receive the journal at your work address.

I am an Urgent Care:

MD DO NP PA Clinical Title, if any: _____

Or

Business/Administration Title: _____

First Name _____ Last Name _____

Urgent Care Clinic Name _____

Clinic Address _____

City _____ State _____ Zip Code _____

email address _____

We need an actual handwritten signature and date for US Postal Service requirements to process this form

Return via email at Membership@jucm.com or fax to 480-219-9222