

2017 Individual Membership

CHILDREN'S PALLIATIVE CARE COALITION OF MICHIGAN

MEMBERSHIP APPLICATION

(Or to apply and pay online, go to: www.childpalliative.org/join.htm)

Name:

NAME ▲

Employer Organization or Professional Association (if applicable) ▲

Your occupation ▲

Mailing Address (e.g., organization name (if applicable, and street address) ▲

City ▲

State

Zip

Email Address ▲

Phone

Dues by Membership Type: (See NOTES for definitions)

\$75 Professional or Associate \$25 Parent or Member Employee

NOTES:

"Professional" means medical professionals, social workers and others directly involved in pediatric palliative care.

"Associate" means any person interested, or indirectly involved, in pediatric palliative care.

"Assocn Member" is a member belonging to a recognized medical professional association

"Member Employee" is an employee of a corporate member.

"Parent" means a parent of a child in palliative care or who has been in palliative care.

(Parent membership benefits apply to both parents.)

PAYMENT INFORMATION:

Check enclosed

Credit Card, details below:

Card Number

Expiry date

Security Code

Name on Card

Billing Zip #

Signature

Date

Please return form to:



Children's Palliative Care Coalition of Michigan
3032 Hamlet Circle, East Lansing, MI 48823

QUESTIONS?
517-763-4413
membership@childpalliative.org