

2017 Organization Membership

CHILDREN'S PALLIATIVE CARE COALITION OF MICHIGAN

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

Organization:

NAME OF ORGANIZATION ▲		Website
Name of Primary Representative #1 ▲		Title
Mailing Address ▲		
City	State	Zip
Email Address	Phone	Zip
Name of Representative #2 (optional) <small>(NOTE: Email address required. If other address details are as above, leave blank)</small>		
Mailing Address #2 ▲		
City (#2)	State (#2)	Zip (#2)
Email Address (#2)	Phone (#2)	

Membership Type: Professional Associate

MEMBERSHIP DUES BY ORGANIZATION TYPE:

<input type="checkbox"/> \$125 Volunteer-run charity	<input type="checkbox"/> \$250 Partnerships/institutions with operating budget under \$500,000	<input type="checkbox"/> \$500 Corporate Associate
<input type="checkbox"/> \$1,000 Corporate Professional	<input type="checkbox"/> \$2,000 Sustaining Professional	<input type="checkbox"/> \$4,000 Sustaining Sponsor

PAYMENT INFORMATION: Check enclosed Invoice me Credit Card per details below:

Card Number	Expiry date	Security Code
Name on Card	Billing Zip #	

Signature _____ Name _____ Date _____

Please return form to:



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

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