



ANNUAL ORGANIZATIONAL MEMBERSHIP DUES

Please join us in our commitment to strengthen the capacity of individuals and organizations to enhance maternal and child health in greater Kansas City.

This is a: New membership Renewing membership

PLEASE RETURN THIS FORM WITH YOUR PAYMENT.

LEVEL OF MEMBERSHIP: _____

TOTAL ENCLOSED: _____

Make checks payable to: MCHC or sign up by visiting our website at <http://www.mcbc.net>

Your tax-deductible donation is greatly appreciated.

Please print:

Organization: _____

Contact person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Fax: _____

E-mail: _____

Please complete the attached form listing your representatives based on level of organizational membership checked above.

*For more information, please contact the Coalition at (816) 283-6242 fax (816) 283-0307
e-mail: info@mcbc.net or visit our web-site at <http://www.mcbc.net>*