



# Annual Individual Membership Application

Annual Individual Dues of \$25:  New  Renewing Date: \_\_\_\_\_

Additional donation:  \$25  \$50  \$100  Other \_\_\_\_\_ TOTAL ENCLOSED: \_\_\_\_\_

**Please fill this form out completely, and submit with your check. Make checks payable to: MCHC**

Your tax deductible donation is greatly appreciated. If you have already paid your dues for this year, please pass this on to a colleague.

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Organization \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Is this a home or work address? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work phone \_\_\_\_\_ Fax \_\_\_\_\_

Home phone \_\_\_\_\_ E-mail \_\_\_\_\_

*IF THIS INFORMATION CHANGES, PLEASE LET US KNOW AS SOON AS POSSIBLE. Thanks!*

**Choose the committee(s) or program(s) on which you would like to serve:**

- Breastfeeding Collaborative  Fetal Infant Mortality Review (FIMR) Note: FIMR requires approval of program coordinator.  Legislative/Advocacy Committee  Metro KC Youth Collaborative  Mid America Immunization Coalition (MAIC)  Pregnancy, Infant and Child Health Committee (PICH)  Safe Haven for Newborns  
 Safe Kids Metro KC  Safe Sleep Task Force

**For federal grant reporting purposes, please indicate what ethnicity(ies) you consider yourself:**

- Asian American  Hawaiian/Pacific Islander American  Other  
 African American  Latino American  
 Caucasian American  Native American

Gender:  Female  Male

How did you hear about us? \_\_\_\_\_

Is your additional donation a TRIBUTE gift?

If so, we will inform the following individual that a gift to *Mother & Child Health Coalition* has been made:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Name(s) to appear on the card:

In memory/honor of \_\_\_\_\_

On the occasion of \_\_\_\_\_

**Other options:**

I'd like information about naming MCHC in my will.

My employer, \_\_\_\_\_ has a Matching Gift Program.

Company Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

For more information, please contact the Coalition at (816) 283-6242 fax (816) 283-0307 or E-mail: [info@mchc.net](mailto:info@mchc.net)  
To pay by credit card, visit our Website at <http://www.mchc.net> or you can mail the application with your check to:  
MCHC, 1734 E. 63<sup>rd</sup> St. Suite 301, Kansas City, MO 64110