



Minnesota Coalition  
for Death Education  
and Support

# Membership Form

This form can be photocopied for your co-workers or colleagues.

Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Preferred mailing & directory address (please list below)     home     work

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If Minnesota, county of address listed above \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

### Affiliation

- |                                    |                                          |                                        |                                          |                                     |
|------------------------------------|------------------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Advocate  | <input type="checkbox"/> Chaplain        | <input type="checkbox"/> Clergy        | <input type="checkbox"/> Corrections     | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Education | <input type="checkbox"/> Funeral Service | <input type="checkbox"/> Group Work    | <input type="checkbox"/> Hospice         | <input type="checkbox"/> Medicine   |
| <input type="checkbox"/> Nursing   | <input type="checkbox"/> Psychology      | <input type="checkbox"/> Public Health | <input type="checkbox"/> Social Work     | <input type="checkbox"/> Student    |
| <input type="checkbox"/> Survivor  | <input type="checkbox"/> Volunteer       | <input type="checkbox"/> E.M.S.        | <input type="checkbox"/> Other (specify) |                                     |

### Membership Categories:

*Annual membership fees are developed to meet the needs of MCDES for its membership and programming. Members receive newsletters, and other mailings and special rates for workshops and conferences.*

- |                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Individual membership ..... \$25               | <input type="checkbox"/> Institutional Supporting Membership ..... \$55 |
| <input type="checkbox"/> Individual Membership (over age 55) ..... \$20 | (entitles the institution to send up to three individuals to            |
| <input type="checkbox"/> Individual membership                          | MCDES conferences and workshops at member rates,                        |
| (students enrolled in degree programs) ..... \$20                       | receive one copy of the newsletter and directory and                    |
|                                                                         | other mailings)                                                         |

I am enclosing an additional tax-deductible contribution in the amount of \$ \_\_\_\_ to support the work of MCDES in the form of a:  Scholarship or  Memorialization for the following person(s)

\_\_\_\_\_

- I do not want my name listed in the directory.
- I do not want my name shared with other organizations.

**Please  
write  
or  
print  
legibly!  
  
Thanks.**

Return membership application and  
check for membership fees to:

Verla Goeden  
Administrative Coordinator  
3108 - 75th Ave N  
Brooklyn Park, MN 55443