



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 _____

Day phone _____ Evening phone _____

Fax _____ E-mail _____

REQUIRED FOR ELECTRONIC NEWSLETTER DELIVERY

Affiliation

- Advocate, Education, Nursing, Survivor, Chaplain, Funeral Service, Psychology, Volunteer, Clergy, Group Work, Public Health, E.M.S., Corrections, Hospice, Social Work, Other (specify), Counseling, Medicine, Student

Membership Categories:

Members receive special rates for workshops and conferences. Members also receive quarterly newsletters and a bi-annual member directory. Newsletters, renewal notices, and bi-annual directory are sent via email. Fees apply for newsletters sent via U.S. Mail.

- Individual membership \$25, Individual Membership (over age 55) \$20, Individual membership (students enrolled in degree programs) \$20, Institutional Supporting Membership \$55

Receive Your MCDES Newsletter via U.S. Mail. \$10/year in addition to membership. Yes, send my newsletter via US Mail for additional \$10. \$10 printing and mailing fee + membership fee. TOTAL ENCLOSED

I am enclosing an additional tax-deductible contribution in the amount of \$ to support the work of MCDES. This is a: General Donation, Gift in Memory of, or Gift to Honor/Thank. Name and address where acknowledgement card should be sent:

Thanks for your support!

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

Make check payable to "MCDES," and send membership form and check to: Verla Johansson, Administrative Coordinator, 29937 S. Nicaboyne Lake Rd., Webb Lake, WI 54830

Please write or PRINT legibly! Thanks.