



Membership Form

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

Minnesota Coalition
for Death Education
and Support

Name _____

Place of Employment _____

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

Address _____

City _____ State _____ Zip _____

Day phone (____) _____ Evening phone (____) _____

Fax (____) _____ E-mail _____

**Please
write
or
print
legibly!

Thanks.**

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 |
| <input type="checkbox"/> Individual membership | to 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 Honor/Thank-you or Memorialization for the following person(s) _____. If your donation is to honor/thank someone or in memory of someone, would you like an acknowledgment sent to the person or the family/estate. Yes No

If yes, please provide the name/address you wish the acknowledgment sent to _____

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

Return membership application and check for membership fees to:

Verla Johansson
Administrative Coordinator
29937 S. Nicaboyne Lake Rd.
Webb Lake, WI 54830