



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

- | | | | | |
|------------------------------------|--|--|--|-------------------------------------|
| <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:

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 (retirees) \$20
- Individual membership (students enrolled in degree programs)..... \$20
- Institutional Supporting Membership \$55 (entitles the institution to send up to three individuals to MCDES conferences and workshops at member rates, receive one copy of the newsletter and directory and other mailings)

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.