

# MEMBERSHIP APPLICATION **2008**

## Easy as 1-2-3!

Completing a membership application form has now been made easier, with several mailing options.

- 1** Download and/or print this form.
- 2** Fill out this form (please print) in ink, preferably black.
- 3** Return the completed form to the MRHA office by fax at 573-632-6678, if paying by credit card; or by mail to MRHA, 606 Dix Rd., Jefferson City, Missouri 65109, if paying by check. MRHA faxes arrive as scanned documents on a secure printer and network, so credit card information is kept confidential at all times.

Contact the MRHA office at 573-636-5554 if you have any questions about membership or need assistance.

Suzanne Alewine, Executive Director  
Missouri Rural Health Association  
606 Dix Rd.  
Jefferson City, MO 65109  
573-636-5554  
573-632-6678 (fax)  
mrha@earthlink.net

## Contact Information

Today's Date: \_\_\_\_\_  
 Organization Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Professional Designation/Certification: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 County: \_\_\_\_\_ Region: \_\_\_\_\_

## Membership Options (please ✓ one)

- Student.....\$25.00
  - Individual .....\$50.00
  - Organization (3 members)\* .....\$150.00
- \*Please complete a form for each member and enclose forms with payment.

## Payment Options (please ✓ one)

MasterCard     Visa     Check

Account #: \_\_\_\_\_ Exp.: \_\_\_\_\_

Name on Card (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

## MRHA Needs Your Voice! Please ✓ committees you are willing to serve on. "S" is for Statewide; "R" is for Regional; you may serve at both levels.

- S  R Membership     S  R Legislative     S  R Public Relations
- S  R Conference     S  R By-laws     S  R Awards
- S  R Policy     S  R Nominating     S  R Finance
- I am interested in learning more about serving as a Board Member.