



MEMBERSHIP ENROLLMENT FORM

CONTACT INFORMATION:

Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Please send all mailings to me at: Home _____ Work _____

MEMBERSHIP CATEGORIES: NEW MEMBER RENEWAL

_____ Individual - \$40

_____ Organizational - \$150 (includes a maximum of 5 members*)

*Please list your five organizational members here: (include yourself)

Name: _____
email: _____

Name: _____
email: _____

Name: _____
email: _____

Name: _____
email: _____

Name: _____
email: _____

WOULD YOU LIKE TO BE ADDED TO THE MCHC LISTSERV? YES NO

OTHER INFORMATION/INTERESTS:

Please indicate services you are interested in receiving:

_____ Web updates on cardiovascular topics

_____ Legislative Updates

_____ Updates via email

_____ Women & Heart Health

_____ Online Conferencing

Please make checks payable to: Medical Care Development/MCHC
And mail to: Maine Cardiovascular Health Council
Attn: Diane Campbell
11 Parkwood Drive
Augusta, ME 04330