



**MICHIGAN HOSPICE
& PALLIATIVE CARE ORGANIZATION**

2012 ASSOCIATE/BUSINESS MEMBERSHIP DUES

Associate/Business Member \$350.00 \$ _____

New Member Renewal

TOTAL: \$ _____

PLEASE COMPLETE INFORMATION BELOW:

MEMBER ID #: _____

ASSOCIATE/BUSINESS NAME: _____

CONTACT NAME & TITLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: _____ FAX: _____

Check or Money Order: \$ _____ Credit Card: MasterCard VISA

Card # _____ Exp. Date _____ / _____

Name on Card _____

(PLEASE PRINT)

Signature _____

**PLEASE RETURN THIS FORM WITH YOUR PAYMENT BY JANUARY 31, 2012
THANK YOU FOR YOUR SUPPORT OF HOSPICE CARE IN MICHIGAN**

Mail to: Michigan Hospice & Palliative Care Organization
12800 Escanaba Drive • Suite E • DeWitt, MI 48820
Phone: (517) 668-6396 Fax: (517) 668-6492

