



**MICHIGAN HOSPICE
& PALLIATIVE CARE ORGANIZATION**

2012 MEMBERSHIP DUES

Please select one of the membership options below

- Individual Member \$ 75.00 \$ _____
- Medical Director \$ 75.00 \$ _____
- Volunteer (must be a Hospice Volunteer) \$ 25.00 \$ _____
- Student (maximum membership 2 years) \$ 25.00 \$ _____

TOTAL: \$ _____

- New Member
- Renewal

PLEASE COMPLETE FORM BELOW:

MEMBER ID #: _ _ _

NAME & TITLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ Home Work

E-MAIL: _____ PHONE: _____

FAX: _____

HOSPICE AFFILIATION (if any): _____

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

Card # _____ Exp. Date _____

Name on Card _____

(PLEASE PRINT)

Signature _____

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

Mail to: Michigan Hospice & Palliative Care Organization
12800 Escanaba Drive, Suite E
DeWitt, MI 48820
E-mail: mihospice@mihospice.org

