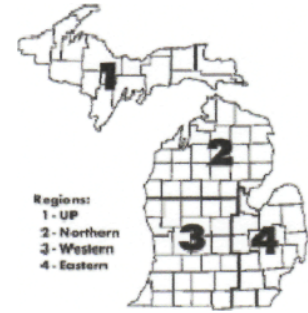




MICHIGAN HEALTHY MOTHERS,
HEALTHY BABIES COALITION

www.hmhbmi.org



MEMBERSHIP APPLICATION
JANUARY 1 THROUGH DECEMBER 31, 2012

PLEASE PRINT:

NAME: _____ TITLE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AGENCY/ORGANIZATION REPRESENTING: _____

AGENCY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PREFERRED MAILING ADDRESS: HOME: _____ WORK: _____

PHONE: (H) (_____) _____ (W) (_____) _____

(FAX) (_____) _____

E-MAIL: _____

INDICATE YOUR HMHB REGION: EASTERN: _____ NORTHERN: _____ WESTERN _____ U.P. _____

HMHB COMMITTEE(S) ON WHICH YOU WOULD BE INTERESTED IN SERVING:

POLICY _____ PROGRAM _____ EDUCATION _____ MEMBERSHIP _____

PLEASE INDICATE TYPE OF MEMBERSHIP:

ORGANIZATIONAL MEMBER _____ \$75.00 INDIVIDUAL MEMBER _____ \$30.00

INDIVIDUAL MEMBER (RETIRED) _____ \$15.00 STUDENT _____ \$15.00

AMOUNT ENCLOSED \$ _____

PLEASE MAKE CHECKS PAYABLE TO:

MICHIGAN HEALTHY MOTHERS, HEALTHY BABIES COALITION

MAIL COMPLETED APPLICATION AND CHECK TO:

HMHB MEMBERSHIP CHAIR

P. O. BOX 10028

LANSING, MI 48901

If you have any questions regarding membership please contact Michigan HMHB Membership Chairperson

Tina Mitchell at (517)702-5276 or send an e-mail to tina.mitchell@caresource.com or info@hmhbmi.org