



**MICHIGAN HEALTHY MOTHERS,
HEALTHY BABIES COALITION**

**MEMBERSHIP APPLICATION
JANUARY 1 THROUGH DECEMBER 31, 2010**



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 _____ **\$50.00** **INDIVIDUAL MEMBER** _____ **\$20.00**

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 16268

LANSING, MIO 48901

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

Midge McCaustland at 248-217-1217 or send an e-mail to info@hmhbmi.org

Information on the 2010 conference is available on the HMHB website: www.hmhbmi.org