



**MICHIGAN HOSPICE
& PALLIATIVE CARE ORGANIZATION**

2010 ASSOCIATE/BUSINESS MEMBERSHIP DUES

Associate/Business Member \$350.00 \$ _____

 New Member **Renewal**

In addition to your annual dues, you may elect to contribute to the work of MHPCO

Sondra Seely Scholarship Fund \$ _____
 General contribution \$ _____

TOTAL: \$ _____

PLEASE COMPLETE INFORMATION BELOW:

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
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

