



2016 Maternal, Child and Family Health Coalition Membership

Effective July 1, 2016

| | |
|--------------------------|-------|
| Individual | \$50 |
| Students | \$25 |
| | |
| Organizations | |
| • Budget over \$250,000 | \$300 |
| • Budget under \$250,000 | \$100 |

| | Organization Member | Individual Member |
|---|----------------------------|--------------------------|
| Invitation to Members Only events | ✓ | ✓ |
| Networking and professional development opportunities | ✓ | ✓ |
| Early Bird notification or reduced registration price at professional development opportunities | | ✓ |
| Early Bird notification or reduced registration price for up to 3 employees at professional development opportunities | ✓ | |
| Recognition on website and in annual report | ✓ | |
| Stay current with the latest MCH news and information | ✓ | ✓ |
| Exhibit table at Networking and professional development opportunities ** | ✓ | |
| Shape the direction of MCFHC: o Serve on Board Standing Committees o Elect MCFHC Board Members o Approve the MCFHC Policy Agenda | ✓ | ✓ |

*Benefits are based upon availability and are at the discretion of MCFHC.

** Benefit for Nonprofit members only.

For more information or to become a member,
call (314) 880-5702 or visit online at stl-mcfhc.org.

2016 Maternal, Child and Family Health Coalition Membership Form

Please fill out the following information and submit with your payment.

Name/Organization: _____

Primary Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ circle one: home mobile work

Email: _____

| Membership Type | Dues | Indicate your membership choice below |
|--------------------------|-------|---------------------------------------|
| Individual | \$50 | |
| Students | \$25 | |
| | | |
| Organizations | | |
| • Budget over \$250,000 | \$300 | |
| • Budget under \$250,000 | \$100 | |

Payment:

_____ Check enclosed. (Please make checks payable to Maternal, Child and Family Health Coalition.)

_____ Credit Card payment.

Account holder name: _____

Account number: _____

Expiration date: _____ CSV: _____

Thank you for becoming a valued member of the Maternal, Child and Family Health Coalition!