

MICHIGAN NATURAL HEALTH COALITION

A non-profit organization

Consumers & Professionals Together

to stimulate, encourage & support the preservation of natural & holistic health care systems

Mailing Address

P.O.Box 155, Laingsburg, MI 48840-0155

Ph. 1-248-253-6845 Web: www.mnhc.info Email: mnhcinfo@yahoo.com

Downloaded from Web

APPLICATION FOR MEMBERSHIP

Name: _____ Tel (_____) _____

Last

Middle

First

Business Name: _____ Tel (_____) _____

Street _____ Fax (_____) _____

City _____ State _____ Zip _____

E-mail _____ Web: _____

MEMBERSHIP CATEGORIES:

- | | |
|--|-----------|
| <input type="checkbox"/> Consumer | \$ 5.00 |
| <input type="checkbox"/> Student (Natural Health) | \$ 25.00 |
| <input type="checkbox"/> Professional - Charter Member | \$ 100.00 |
| <input type="checkbox"/> Professional - Regular Member | \$ 200.00 |
| <input type="checkbox"/> Corporate / Business | \$ 300.00 |

Mode of payment: Check Cash Credit Card _____ Exp _____

In addition to my / our membership, I / we would like to donate \$ _____

To help defray the cost of promoting the free choice of natural health care in Michigan.

MNHC application for 501(c)(3) tax exempt status is pending.

Please list me/us in the proposed Directory of MNHC? Yes No

The directory will be distributed FREE to consumers & used for referrals, etc.

If Yes - How would you like to be listed Consumer Supporter Anonymous

Professional (*Modality*) _____

I would like to volunteer for the following MNHC Committees

- Bylaws & Legal Education Finance Membership
 Marketing / Promotion Publication / Communication
 Public Relations _____ _____

Comments / Suggestions:

Date _____ Signature _____

For office use only

Membership No. _____ Received \$ _____ by cash/check/credit card Referred by _____