



Menonite Healthcare Fellowship

Member Information Form – 2019-20

This form is for collecting and updating MHF member information for contact and networking purposes. This form is also online at mennohealth.org/membership/memberinfo/

Membership information is available only to MHF staff and members for the purposes of MHF and never distributed to outside persons or organizations without your permission.

Name: _____ Spouse Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____ Profession: _____

Degree(s)/Title(s): _____

Education (institutions & dates): _____

Current Work / Specialties: _____

Church/Congregation: _____

Mission Statement: Menonite Healthcare Fellowship (MHF) is an interdisciplinary community of Anabaptist health professionals, which seeks to nurture the integration of faith and practice, to provide opportunities for dialogue on health related issues, and to address specific needs through education, advocacy, and service.

I support the mission of Menonite Healthcare Fellowship as stated above.

Signature: _____ Date: _____

Personal News: Please share any changes in your educational program, residence address, credential status, change of work location, promotions, honors received, participation in mission projects, etc. during this past year or since you last completed a form like this. (Replies may be published by MHF unless you indicate otherwise.)

Prospective Members. List names of Anabaptist-related healthcare professionals and students in professional healthcare programs who should be invited to join MHF. Provide email address or other contact information. (MHF will contact and indicate that you recommended them for membership.)

Board Feedback. Enter any **nominations** (yourself or others) for the MHF Board or Groups or provide any other **comments** for the MHF Board. (Information will be shared only with staff and Board unless you indicate otherwise.)