**Membership Form** **– 2019-20**

**Join MHF** in the new membership year, Sept. 2019 – Aug. 2020.

**Fill out this form** or go online to [www.mennohealth.org/membership/](http://www.mennohealth.org/membership/)

**Select a membership level** or apply for a Gift Membership.

Make your primary contribution **now** or **later** or **spread it out**.

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/](http://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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State/Province Postal code Country

Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s)/Title(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education (institutions & dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Work / Specialties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church/Congregation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mission Statement:** Mennonite 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 Mennonite Healthcare Fellowship as stated above.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Membership Contributions** | **Amt.** |  | **Sustaining Member Contributions** | **Amt.** |
| Budget - $25 | $ |  | Sustaining - $300 | $ |
| Basic - $50 | $ |  | Silver Sustaining - $500 | $ |
| Regular - $100 | $ |  | Gold Sustaining - $1,000 | $ |
| Gift membership contributions: | $ |  | Extra Contributions (General fund) | $ |
| Gift membership (for myself) |  |  | **\*Total Member Contributions** | $ |
| **Outside funds** | $ |  | (both columns) |  |
| ACHE Fund | $ |  |  |  |
| Mary Jean Yoder Endowment | $ |  | ***Add \* and # for Grand Total below*** |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |  | **Grand Total Contributions** | $ |
| **#Total Outside Funds** | $ |  | To spread payments, indicate below: |  |
|  |  |  | Monthly / Quarterly payments of | $ |
| Check enclosed payable to  **Mennonite Healthcare Fellowship**  P.O. Box 918  Goshen, IN 46527-0918  *MHF is a 501(c)(3) non-profit organization. All membership and extra contributions are considered tax deductible for U.S. federal income tax purposes.* | **OR 🡪**  **OR 🡪** |  | **Automatic Bank Transaction (ACH)**  Please send invoice (pledge) by email:  Now Monthly Quarterly Now & yearly  **Credit/Debit card** - Enter information below:  Card Type:  Number:  Exp. Date: Code: | |