



**Mennoite
Healthcare
Fellowship**

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/

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/

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: Mennoite 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 Mennoite 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)	\$
<input type="checkbox"/> Gift membership (for myself)	→	*Total Member Contributions	\$
Outside funds	\$	(both columns)	
ACHE Fund	\$		
Mary Jean Yoder Endowment	\$		
Other _____	\$		
#Total Outside Funds	\$		

Add * and # for Grand Total below
Grand Total Contributions \$

To spread payments, indicate below:

Monthly / Quarterly payments of \$

Automatic Bank Transaction (ACH)

Please send invoice (pledge) by email:

Now Monthly Quarterly Now & yearly

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Credit/Debit card - Enter information below:

Card Type:

Number:

Exp. Date:

Code:

Check enclosed payable to
Mennoite 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 →