

MEMBERSHIP ENROLLMENT FORM

(membership can also be completed online at
<http://www.maineheartandstroke.org/member.asp>)

CONTACT INFORMATION:

Name: _____ Title: _____
 Organization: _____
 Address: _____
 Telephone: _____ Fax: _____
 Email: _____
 Please send all mailings to me at: Home _____ Work _____

MEMBERSHIP CATEGORIES:

 NEW MEMBER

 RENEWAL

_____ Individual - \$50

_____ Organizational - \$200
(includes a maximum of 5 members*)

*If an organizational membership, please list four additional members below:

Name: _____	Name: _____
email: _____	email: _____
Name: _____	Name: _____
email: _____	email: _____

OTHER INFORMATION/INTERESTS:

Please indicate services you are interested in receiving:

_____ Updates via email _____ Women & Heart Health _____ Web updates on cardiovascular topics
 _____ Legislative updates _____ BP & Cholesterol trainings _____ Annual CVH Summit

PAYMENT INFORMATION:

 Check Enclosed

 Charge my Credit Card

Credit Card Information: (please check one)



Card Number: _____ - _____ - _____ - _____ Expiration Date: _____ V-Code: _____

Name on card (please print): _____

Address if different than above: _____

Phone: _____ Email: _____

Signature: _____ Amount Authorized: _____

Please make checks payable to:
And mail to:

Medical Care Development/MCHC
 Maine Cardiovascular Health Council
 Attn: Diane Campbell
 11 Parkwood Drive
 Augusta, ME 04330