

Mississippi Rural Health Association

Membership Application Form January 1, 2009 – December 31, 2009

Name:	
Title or Occupation:	
Individuals and Students: <i>Company affiliation or school</i>	
Organizations: <i>Name and title of primary representative (may also have up to 4 additional representatives)</i>	
Address:	
City, State, Zip:	
Telephone:	Email:
Website address:	
Membership Category: <input type="checkbox"/> Organization (\$100) <input type="checkbox"/> Individual (\$25) <input type="checkbox"/> Student (\$10)	
Rural Health Interests: Rural Health Clinics: _____ Other: _____ Community Health Centers: _____ Critical Care Hospitals: _____	
MRHA Committee Interests: <input type="checkbox"/> Membership <input type="checkbox"/> Policy <input type="checkbox"/> Education <input type="checkbox"/> Partnership <input type="checkbox"/> Conference Planning.	

Make checks payable to MRHA. Return application with payment to:

MRHA
31 Woodgreen Place
Madison, MS 39110

Mississippirural@bellsouth.net
Phone/Fax: 601-898-3001