



Your membership is tax deductible.
Confirmation letter will follow.

Annual Membership

Individual \$20

Organization \$50

Corporate \$500 - \$5,000

Check enclosed

Bill me

NAME _____

COMPANY _____ ORGANIZATION _____

ADDRESS _____ CITY/ST/ZIP _____

DAY PHONE _____ EVENING PHONE _____

CELL PHONE _____ E-MAIL _____

Please send this form with your remittance to:
Indiana Minority Health Coalition
3737 North Meridian St., 3rd Floor
Indianapolis, IN 46208

(317) 926-4011