

MSSCA (Medical Alliance of Sedgwick County)
MEMBERSHIP FORM

Please help us in our goal of health promotion within our community by renewing your MSSC Alliance membership today. Your renewal by June 1st will ensure your name within our Yearbook Directory and continued receipt of our newsletter, the Advocate.

Name: _____

Spouse's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ email: _____

Member Category:	Yearly dues:
_____ Local Dues	\$15
_____ Local & State Dues	\$40
_____ Local, State & National Dues	\$80

Payment Options:

_____ Check payable to: MSSCA

_____ Visa

_____ MasterCard

Name as appears on your credit card: _____

Credit card number: _____

Exp. Date: _____

Signature: _____

To remit cc payment by phone, call Denise Phillips, 316-683-7557.

To remit by mail, please send your dues with this statement to:

Melissa Grelinger
14878 Sundance
Wichita, Kansas 67230

You are very much welcomed, needed and wanted

Your membership payment is a gift to the community and greatly appreciated. If you would like information about how you could further participate, please indicate your areas of interest:

- Community Health Screening & Education
- Environment Concern
- Healthy Kidz Kan!
- Internet Safety with Faux Paw the Techno Cat
- Legislative issues
- Meals on Wheels
- No Bullies/No Victims
- Screen Out
- Other interests
- One day events
- Young alliance mom's group
- Team Alliance (Susan Komen walk/run)

For further Alliance information see our website, www.mssca.com or contact Nelly Nabbout, Membership Chair, 630-9145.