



# MHSCN Membership Form

Minnesota Health Strategy and Communications Network

An individual 12-month membership is \$40. Please fax, e-mail or mail your completed membership form to Jenny Sanislo, MHA, 2550 University Avenue West, Suite 350-S, Saint Paul, MN 55114-1900, (fax: 651-645-0002), [jsanislo@mnhospitals.org](mailto:jsanislo@mnhospitals.org).

If you use the on-line registration form for a single membership or for membership as a part of a group, you do not have to complete this form. If registering on-line as a part of a group, please add your group name.

## Member Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Corporation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Payment Method

\_\_\_\_\_ Personal Check      \_\_\_\_\_ Company Check (attached)

\_\_\_\_\_ Company Check (sent separately)

### Make checks payable to:

MHSCN, c/o MHA, 2550 University Avenue West, 350-South, St. Paul, MN 55114-1900

