



MHCN ~ Mobile Health Clinics Network

MEMBERSHIP ENROLLMENT FORM ~ 2012

Healthcare Colleague / Individual Membership

(For: health professionals not affiliated with a specific organization; health policy specialists; and students.)

(\$130.00 annual dues)

Membership Benefits

- Mobile Health Networking ...
Member/program profiles
- Special Interest Groups (SIGs)
Emergency response assistance
Participation in regional coalitions
- News Forum ...
Current alerts & news briefs
- Newsletter ...
MHCNetwork NEWS & NOTES
- Management Resources ...
Funding opportunities
Publications/articles of interest
- MHCN website – *Members Only* access
- Calendar of Meetings
- Purchasing Discounts ...
Annual Forum registration
Educational material
Management tools

Healthcare Provider / Organization Membership

(\$175.00 annual dues)

Individual Membership Benefits ~ PLUS ...

- Program Development & Operations Assistance
- Member Communications ...
Networking coordination
- Annual Forum ...
Registration group discounts
Program proceedings
Speaking opportunities
Poster Sessions
- MobileHealthMAP.org ...
Your organization on the MAP
ROI Calculation for your program
- Your Organization Profile on MHCN Website
- New and Pre-Owned Vehicles ...
Buying, Selling, Leasing Assistance

To Learn More About MHCN - go to:

www.mobilehealthclinicsnetwork.org

For assistance, contact us @

Ph: (415) 863-2032

Em: mobilehealthcare@aol.com

BECOME AN MHCN MEMBER TODAY!

Please check:

Individual Member (@ \$130)

Organization Member (@ \$175)

Please type or print:

Organization:

Address:

City:

State/Zip:

First Name:

Last Name:

Suffix:

Job Title:

Ph:

Cell (optional):

Fax:

Em:

Email this Form to: mobilehealthcare@aol.com;

Or Fax to (415) 863-4032.

A confirmation of membership and an invoice will be issued for payment of dues.

New Members ~ Please tell us about you ...

Does your organization currently operate a Mobile Health program?

Yes No

If yes, are your services: (Please check)

Medical Dental Both

Mammography

Specialty Care (Please specify type)

If yes, what are your estimated total # of annual visitors? _____

Or, are you considering the launch of a Mobile Health program? Yes No

Type of services to be offered: