

2012 M.C.A.C. Membership Application

Annual Membership dues extend from January-December

1A. Individual Membership: _____ Fee: \$15 _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

1B. Agency Membership: _____ Fee: \$100 _____

Address: _____ City: _____ State: _____ Zip: _____

We would like our agency website listed as a link on the MCAC website. Yes No (please circle one)

Our agency website address is: _____

2. Interest in being listed on the MCAC Therapy Resource list? Yes No (please circle one)

3. I/We would like to receive newsletters via: Email Only, Hard Copy (up to 10 per agency), Both (please circle one)

*If choosing to only have one or a few members receive hard copies please mark whom is to get them below.

**Please note if there are any differing mailing addresses than as listed above. You may request additional agency members beyond the 10 to be on our email list as well.*

1. (Contact): _____ E-Mail _____ Phone: _____

2. _____ E-Mail _____ Phone: _____

3. _____ E-Mail _____ Phone: _____

4. _____ E-Mail _____ Phone: _____

5. _____ E-Mail _____ Phone: _____

6. _____ E-Mail _____ Phone: _____

7. _____ E-Mail _____ Phone: _____

8. _____ E-Mail _____ Phone: _____

9. _____ E-Mail _____ Phone: _____

10. _____ E-Mail _____ Phone: _____



Checks payable to: Metropolitan Child Advocacy Coalition
Mail to: M.C.A.C., P.O. Box 6646, Omaha, NE 68106
www.mcacomahane.org



Questions or Concerns? Please contact: *Amy Watson @ 451- 0787, or awatson@NCHS.ORG*