

**MIAMI COUNTY CANCER FOUNDATION
MEMBERSHIP APPLICATION**

2 W. PEORIA STREET
P.O. BOX 176
PAOLA, KS 66071
913-294-2050

(Please Print)

NAME: _____ DATE: _____

ADDRESS: _____
Street City State Zip

PHONE: _____ E-MAIL _____

Please check any committees you would be interested in helping with.

PATIENT SERVICES:

_____ Office Volunteer
_____ Yard Work
_____ Other _____

PUBLIC RELATIONS:

Volunteer for:
_____ Expo's
_____ Health Fairs
_____ Other
_____ Speak to groups

SPECIAL EVENTS:

_____ Bake Sales (Bake Goodies)
_____ Committees
_____ Ride for Life
_____ Spring Dinner Fundraiser
_____ Harvest Festival
_____ Other

MEMORIALS:

_____ Send Thank You Letters
_____ Track Memorials
_____ Other

MEMBERSHIP:

_____ Invite People to Join
_____ Keep Membership Roster up to Date
_____ Other

BOARD OF DIRECTORS:

_____ Serve as a Board Member