

# Crawford County Community Coalition

## 2025 Voting Member Registration

Member Name:

Member Address:

Member Telephone:

Member is a/n (choose one):

**Organization** (Dues: \$50)

**Individual (not a student)** (Dues: \$25)

**Student** (Dues: \$10)

### For Organizations:

Contact Person's Name:

Contact Person's Email:

Contact Person's Telephone (if different from above):

**For Students (optional):** Request waiver of this year's dues.



Please make checks payable to Community Health Center of Southeast Kansas and write "Crawford County Community Coalition" in the memo line. To pay by credit or debit card, fill out the form on the back of this page. Send completed form and payment to:

ATTN Julie Laverack  
Community Health Center of Southeast Kansas  
3011 N. Michigan St.  
Pittsburg, KS 66762

## Pay by Credit Card

Name on Card:

Card Number:

Billing Address:

Expiration:

CVV: