



Membership Information:

Name: _____

Organization: _____

Mailing Address: _____

City, State, Zip: _____

County: _____ Legislative District#: _____

Daytime Phone: _____ Fax: _____

Email Address: _____

What are the top 3 rural health care issues that concern you the most?

Membership Fees:

- \$10 Students
- \$50 for Individual Membership
- \$200 Corporate Membership
- \$1000 Benefactor

Membership fees are due on the anniversary date and will be billed accordingly.

See the MRHA members "*Top Rural Healthcare Concerns*" on www.mnruralhealth.org

Corporate membership provides for four individuals to receive MRHA benefits. However, there is only one vote per membership.

Mail membership form and check to:

MRHA
University of Minnesota, Crookston
2900 University Ave., Selvig 217
Crookston, MN. 56716
Attn: Judith Neppel