



# 2017 Membership / Dues Form

Annual Dues for membership through December 31, 2017

INDIVIDUAL MEMBERSHIP, \$25.00		
Name		Title
Organization		
Address/City/Zip		
Office	Preferred Phone	Email

ORGANIZATIONAL MEMBERSHIP, \$100.00		
Organization:		<input type="checkbox"/> Hospice <input type="checkbox"/> Hospital <input type="checkbox"/> Home Health <input type="checkbox"/> SNF / RCFE
Website:		<input type="checkbox"/> Other: _____
1 <sup>st</sup> Contact Name*		Title
Office	Preferred Phone	Email
2 <sup>nd</sup> Contact Name (optional)*		Title
Office	Preferred Phone	Email

*\*Individuals who will regularly attend Coalition meetings on behalf of the organization; other organization representatives are always welcome.*

Please indicate your interest in serving on one of these committees:

☐ Education     
 ☐ Publicity     
 ☐ Membership

<p align="center"><b>Checks payable to:</b></p> <p align="center">San Diego Coalition for Compassionate Care (SDCCC)</p> <p align="center"><b>Send to:</b></p> <p align="center">SDCCC c/o Cary Joel, 1092 Aloha Drive, Encinitas, CA 92024</p> <p align="center">San Diego Coalition for Compassionate Care is a registered 501(c)(3) nonprofit organization.</p>
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