

CHILDREN'S HOSPICE INTERNATIONAL

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email: info@chionline.org website: www.chionline.org

MEMBERSHIP APPLICATION

Yes, I would like to join CHI in its efforts to provide medical, psychological, emotional, and spiritual support to children with life-threatening conditions, their families, and their health care providers, by becoming an:

Individual/Professional Member (\$80)

10% discount on CHI publications; advance notice on new CHI publications; registration fee discount and advance notification of CHI international conference.

Institutional Member (\$350)

Allows all employees of member institution to receive 10% discount on CHI publications and a discount on registration fee for CHI international conference. Institution receives a copy of CHI newsletter.

Contact Person: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Postal Code: _____

Home Phone: _____

Work Phone: _____

Fax Number: _____

E-mail Address: _____

Please return this form with payment in U.S. dollars to:

Children's Hospice International – Membership
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Alexandria, VA 22314 USA