

# CHILDREN'S HOSPICE INTERNATIONAL

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## 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)**

*CHI newsletter; 10% discount on CHI publications; advance notice on new CHI publications; registration fee discount and advance notification of CHI's World Congress.*

\_\_\_\_\_ **Institutional Member (\$350)**

*Allows all employees of member institution to receive 10% discount on CHI publications and a discount on registration fee for CHI's World Congress. Institution receives a copy of CHI newsletter.*

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Website: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If you would like to charge your membership to  **Visa**  **MasterCard**  **American Express**, please complete the information below:

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Phone Number of Card Holder: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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

Children's Hospice International – Membership  
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Fax: 703-684-0226