

Annual Membership Application

Name: _____

Address: _____

City: _____

St: _____ Zip: _____

Membership level:

- Individual \$25
- Family \$40
- Corporate \$100

Make checks payable to ECHF.

Send to: P.O. Box 272
Kinsley, KS 67547

WHAT DO I GET FOR MY MEMBERSHIP?

Invitation to annual appreciation night, semi-annual newsletter and the knowledge that ECHF is doing everything possible to preserve tomorrow's healthcare in Edwards County.