



Wisconsin Health Freedom Coalition

<http://wihfc.com>

Membership Form

YES - I want to join the Wisconsin Health Freedom Coalition!

NAME & TITLE: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

E-MAIL: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

\$35 Annual Membership \$10 Annual Student Membership

Enclosed is my additional donation of \$_____ Your support is greatly appreciated!

Areas I am most interested in Volunteering:

- | | | |
|---|---|--|
| <input type="checkbox"/> Legislative | <input type="checkbox"/> Marketing-Media | <input type="checkbox"/> Distribution/Flyers |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Phone Tree | <input type="checkbox"/> Speaker Circuit |
| <input type="checkbox"/> Special Events/Fairs | <input type="checkbox"/> Committee/City Chair | <input type="checkbox"/> Membership |

Enclosed is my check for \$_____ made payable to Wisconsin Health Freedom Coalition

Mail completed form and check to:

Wisconsin Health Freedom Coalition, PO Box 53, Sheldon, WI 54766

Wisconsin Health Freedom Coalition

Director: Syncha Maniscalco synchaa@gmail.com 715-452-5566

Secretary: Marcia Vasicek

Treasurer: Suzan Klingeisen- klingeisen@aol.com - 920-766-7208