



Wisconsin  
MCH Coalition

# WISCONSIN MATERNAL AND CHILD HEALTH COALITION

## MEMBERSHIP APPLICATION & RENEWAL

**Name of Organization:** \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Web site address: \_\_\_\_\_

**Name of Primary Delegate:** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax (if different from above): \_\_\_\_\_

Email address: \_\_\_\_\_

**Name of Alternate Delegate:** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax (if different from above): \_\_\_\_\_

Email address: \_\_\_\_\_

What are the issues you would like to see the Coalition address in the coming year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the following form and send with your \$25 renewal fee to:**

**Robin Laursen, Treasurer  
Wisconsin Maternal and Child Health Coalition  
1722 Rawson Ave.  
South Milwaukee, WI 53172**

*To learn more about the MCH Coalition, visit us online at:*

[www.madison.com/communities/mchcoalition](http://www.madison.com/communities/mchcoalition)