



LA MCH Coalition Membership Form

RENEWAL _____ NEWMEMBER _____

Membership Year July 1 to June 30.

Name _____

Title _____

Organization _____

Mail Address _____

Office Phone (_____) _____

Email Address _____

Fax (_____) _____ Res. Phone (_____) _____

Membership Category

- **Benefactor** (dues \$10,000/year *or more*)
Organization or individual. Includes seat on Board of Directors.
- **Sustainer** (dues \$5,000/year *or more*)
Hospitals with Level III or Level III Regional neonatal and/or perinatal services; advocacy groups; and professional organizations. Includes seat on Board of Directors.
- **Organization/Level II** (dues \$1,000/year *or more*)
Organizations interested in improving maternal and child health; Level II hospitals; professional medical or nursing organizations; advocacy groups; business coalitions; large businesses; religious groups; and healthcare vendors/suppliers.
- **Organization/Level I** (dues \$500/year *or more*)
Hospitals that provide Level I services.
- **Individual** (dues \$50/year *or more*)
Allied health professionals and individuals with similar interests.

TAX INFORMATION

While contributions or gifts to the Louisiana Coalition for Maternal and Infant Health d.b.a. LA MCH Coalition are not tax deductible as charitable contributions for federal income tax purposes, they may be deductible as ordinary and necessary business expenses or, under provision of the Internal Revenue code, subject to restrictions imposed as a result of Coalition lobbying activities. The Coalition estimates that the non-deductible portion of your 2006 dues allocable to lobbying is 20 percent. The Coalition is a 501(c)(4) corporation, Fed. ID# 72-1157470.

Make checks payable to "La. MCH Coalition" and mail to: 7173-A Florida Blvd., Baton Rouge, LA 70806