Midwest Clinicians' Network

Leadership, Growth and Quality Health Care

Membership Application

Name of Organization _____

Contact _____

Title _____

Number of Sites/Providers _____

Address _____

City/State/Zip _____

Phone _____

Email _____

*** Please provide a list of all sites and their addresses on a separate sheet of paper****

Please check all that apply:

_____ Grantee _____ Dental

_____ CHC _____ Urban

_____ Migrant _____ Rural

_____ Homeless _____ NHSC

Membership Fees

Please check which type of membership:

- ❑ Organizational $500
- ❑ Supporting $500
- ❑ Individual $100

Amount Enclosed _____

Please return your application with a check made payable to

MWCN
321 West Lake Lansing Road
East Lansing, MI 48823
Attn: Amanda Campbell

Committees

Members are encouraged to join committees if they are interested in becoming more involved in the network:

Education Committee - training needs, conferences, conference calls

Finance Committee - budget and quarterly reports

Membership Committee - membership recruitment and needs

Newsletter Committee - gather articles and information for the MWCN newsletter

Quality Committee - Patient Satisfaction Survey, Risk Management Software

Research Committee - high quality research activities

Name _____

Email _____

Committee _____

Name _____

Email _____

Committee _____