

# Membership Form

## Missourians for Single Payer Health Care

438 N. Skinker Blvd., St. Louis, MO 63130

Phone: 314-862-5735

www.mosp.us

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Categories:

<input type="checkbox"/>	Individual	\$20
<input type="checkbox"/>	Family	\$30
<input type="checkbox"/>	Organization	\$50
<input type="checkbox"/>	Other	\$

I will contribute \$ \_\_\_\_\_ towards \_\_\_\_\_

\_\_\_\_\_  
(specific programming and expenses)

\_\_\_\_\_ I'm unable to pay dues at this time, but I will support and promote MoSP among relatives, friends, colleagues, acquaintances, however I can. Please continue to send me the newsletter. Please call on me for volunteer help.