



Membership Application or Renewal

Individual or organizational dues are \$20.00 per year, due by March 31.

Make check payable to Northland Community Services Coalition (NCSC) in the amount of \$20.00. Send check and completed application/renewal form to the NCSC at the following address:

Northland Community Services Coalition
c/o Angela Curtis, Treasurer
Northland Health Care Access
5810 NW Barry Rd, LOWER LEVEL
Kansas City, MO 64154

Name: _____

Check one: I am a new applicant. I am a renewing member.

(If new) I was referred by: _____
(Include name and organization.)

Organization name: _____

Primary contact (voting member): _____ Title: _____

Street address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Other members from this organization:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Please use the space below to tell us about any particular topics of interest which you would like to have included in the meeting programs:

If you have questions, please feel free to contact NCSC at ncscmo@gmail.com