



Grief Support Network

P.O. Box 2114
Shawnee Mission, Kansas 66202
Telephone - (913) 381-6007

Grief Support Network

MEMBERSHIP DUES FORM

MEMBERSHIP APPLICATION

TEAR AND MAIL

Name [Individual Member or Organization] _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number(s) (_____) _____ - _____ [day] - or - (_____) _____ - _____ [evening]

Fax Number (_____) _____ - _____ Email _____

Your specialty areas: _____

- Annual Individual Membership – \$25.00 per year
- Annual Organization Membership – \$50.00 per year

Please make checks payable to the Grief Support Network.

Give check to any Board Member or Mail check to:

Chief Financial Officer
Steve Hamilton
VSR Financial Services
9900 Juniper Lane
Shawnee Mission, KS 66207
Wk: 913-648-1520

_____ **Please send me a receipt**