

MEMBERSHIP FORM

Name: _____

Address: _____

Telephone: _____ Email: _____

I am a: Parent _____ Family Member _____ Professional _____ Other _____

_____ I am a parent or family member. I request a waiver of the \$10.00 membership fee. Please send me a paper copy of the newsletter, *Parent Connection*. I understand that this waiver does not include MPF membership.

_____ I am a parent or family member, \$10.00 MPF membership fee, which includes a newsletter subscription, is enclosed.

_____ I am a professional/other, \$20.00 MPF membership fee, which includes a newsletter subscription, is enclosed.

_____ I would like to receive a copy of the MPF newsletter by email at address above (no cost).

_____ I will access the newsletter on the MPF website (no cost).