

2008 M.C.A.C. Membership Application

Annual Membership dues extend from January-December

Individual Membership: _____ Fee: \$15 _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Agency Membership: _____ Fee: \$100 _____

Address: _____ City: _____ State: _____ Zip: _____

We would like our agency website listed as a link on the MCAC website. Yes No (please circle one)

Our agency website address is: _____

Contact Person plus 9 additional names on the mailing list.

1. (Contact): _____ E-Mail _____ Phone: _____

2. _____ E-Mail _____ Phone: _____

3. _____ E-Mail _____ Phone: _____

4. _____ E-Mail _____ Phone: _____

5. _____ E-Mail _____ Phone: _____

6. _____ E-Mail _____ Phone: _____

7. _____ E-Mail _____ Phone: _____

8. _____ E-Mail _____ Phone: _____

9. _____ E-Mail _____ Phone: _____

10. _____ E-Mail _____ Phone: _____



Checks payable to: Metropolitan Child Advocacy Coalition
Mail to: M.C.A.C., P.O. Box 6646, Omaha, NE 68106
www.mcacomaha.org



Questions or Concerns? Please contact:
Kim Marsh @ 457- 7032, or kimm@omahahomeforboys.org