



Medicare Advocacy Recovery Coalition

MEMBERSHIP AGREEMENT FORM
Email completed form to susan@murdockinc.com

Name: _____

Organization (if applicable): _____

Lead Government Relations/Policy Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Do we have permission to list your organization as a public member? Yes No

What topics are you interested in? (List all that apply)

Membership Level (please check one of the following):

Steering Committee Membership - \$20,000/year

Membership - \$5,000/year

Are you willing to talk to the press? Yes No

Comment: _____

Are you willing to testify at hearings? Yes No

Comment: _____

Are you willing to actively lobby on these issues? Yes No

Comment: _____

Signature

Date