

To join Friends of MSH, Inc., please complete this membership form and return it to:
Friends of MSH, Inc.
P.O. Box 75, Building 71
Whitfield, MS 39193

For more information, please call
(601) 351-8377

JOIN TODAY!



P. O. Box 75
Whitfield, MS 39193
(601) 351-8000, ext. 4549

FRIENDS OF MISSISSIPPI STATE HOSPITAL, INC.
APPLICATION FOR MEMBERSHIP

(Please check one of the following.)

I am enclosing One-Year Dues @ \$20.00. (Individual, September–August)

I am enclosing Lifetime Dues @ \$100.00. (Individual) I am enclosing Lifetime Dues @ \$150.00. (Couples)

MSH Employee Only/One-time Payroll Deduction for \$_____ requested.

(Please complete the following.)

Name _____ Home Address _____

City _____ State _____ County _____ Zip _____

Phone (____) _____ Email _____

Business Name _____

Business Address _____

City _____ State _____ County _____ Zip _____

Phone (____) _____ Email _____

For more information, call (601) 351-8377.