



For Improving End-of-Life Care

2019 Annual Membership:

____ Organization/Sole Proprietorship \$150 (up to 4 representatives)
____ Individual \$40

OFFICE USE ONLY	
Date Paid:	_____
Paid by:	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash
Date Received:	_____
Deposited amount	_____ by VA/BJ/IB
Print Name tent	<input type="checkbox"/> Added to Roster <input type="checkbox"/>

January 2019

Please make check *payable* to “San Diego County Coalition for Improving End-of-Life Care” and return with form to: San Diego County Coalition/EOL Care, **Attention:** Treasurer, PO BOX 23674 San Diego, CA 92193

Name of Representative: _____

Title: _____ **Organization:** _____

Address/City/Zip: _____

Phone: _____ **Email:** _____

Website: _____ **Service Provided:** _____

Designated Representative #2 _____

Phone: _____ **Email:** _____

Designated Representative #3 _____

Phone: _____ **Email:** _____

Designated Representative #4 _____

Phone: _____ **Email:** _____

Meetings:

We meet on the first Wednesday of every month (except holidays or otherwise noted)

Time: 10:00a.m.-11:30am (Guest Speaker: 10:30am)

Location: Burn Institute (Conference Room-facing large east parking lot)
8825 Aero Drive, CA 92123

For Further information:

You can contact us at (858)635-1224 or email us at sdcoalition@yahoo.com or via our mailing address: **San Diego County Coalition/EOL Care PO Box 23674 San Diego, CA 92193.**

On behalf of the SDCCEOLC Board, Thank you for taking the time to consider participating in our coalition to make this a true community partnership!

Sincerely,

Jeanne Bredestege,

San Diego County Coalition for Improving End-of-Life, Chair 2019

Tax ID: 56-2419206