



**2023 Annual Membership Dues:**

- \_\_\_\_\_ Organization/Sole Proprietorship \$250 (up to 4 representatives)
- \_\_\_\_\_ Individual/Student \$40
- \_\_\_\_\_ Other Donation

<b>OFFICE USE ONLY</b>
Date Paid: _____
Paid by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash /zelle _____
Date Received: _____
Deposited amount _____ by VA/SCG
<input type="checkbox"/> Added to Roster

**January 2023**

Please make check *payable* to  
***San Diego County Coalition for Improving Palliative & End-of-Life Care***

Return with form to: San Diego County Coalition EOL Care,  
**Attention:** Treasure, PO BOX 23674 San Diego, CA 92193

**Name of Representative:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Address/City/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Service Provided:** \_\_\_\_\_

**Logo Provided/jpeg/jpg:**    **Yes**    or    **No**                    **Email to:** SDcoalition@yahoo.com

**Designated Representative #2**  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Designated Representative #3**  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Meetings -virtual due to COVID19**

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

**Time:**    10:30a.m.-11:30am

**For Further information:**

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

**Zelle:** sdcoalition@yahoo.com

**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,

*Neve Arroyo, Board Secretary*

San Diego County Coalition for Improving Palliative & End-of-Life Care

Tax ID: 56-2419206