



Indiana Rural Safety and Health Council

Serving rural Indiana since 1943

2010 Membership Form

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Annual Membership Dues

Please Check One

- | | |
|---|--|
| <input type="checkbox"/> Corporate - \$150 | <input type="checkbox"/> Individual - \$25 |
| <input type="checkbox"/> Nonprofit Associate - \$75 | <input type="checkbox"/> Student - \$10 |

I would like to make the following contribution to the
Indiana Rural Safety and Health Council Endowment Fund \$ _____

Complete and return with payment to: Indiana Rural Safety and Health Council
c/o Ernie Sheldon, Treasurer
Indiana State University
Dept. of Health & Safety, B-74 Arena
Terre Haute, IN 47809

Make checks payable to: **Indiana Rural Safety and Health Council**
Membership dues are tax deductible

A receipt will be provided upon request.

For more information call: (812) 237-3107 or (765) 494-1191

Thank you for your support!