



Membership Application

Citizens for Healthcare Freedom

Dedicated to protecting our rights to choose natural health options

P. O. Box 12893, Raleigh, NC 27605

Your Name _____		
Name of Business or Employer (if applicable) _____		
Mailing address _____		
City _____	State _____	Zip Code _____
Phone _____	Fax _____	_____
E-Mail: _____		
Are you willing to serve on the Board of Directors? ____yes ____no; On a committee? ____yes ____no		
My Business Is: _____		
Signature _____		Date _____

*CHF Annual Membership Levels :	Gold Membership	- \$250
	Silver Membership	- \$100
	Bronze Membership	- \$ 50
	Regular Membership	- \$ 25
	Student Membership	- \$ 10
	Other	\$ _____
	**Voluntary Contribution- CHF - NC Fund:	\$ _____
	TOTAL AMOUNT ENCLOSED	\$ _____

*CHF Membership is a 501(c)(3) nonprofit corporation and contributions to CHF are tax-deductible.
**CHF-NC Fund, the lobbying arm of CHF, is a 501(c)(4) non profit organization dedicated to helping NC citizens have a voice in the legislature when there are legal or reform issues at stake. Contributions or gifts to CHF-NC Fund, Inc. are not tax-deductible.
Dues/Contributions may be made by Check, Cash or Money Order

Mail completed form with annual dues or contribution to:

CHF , P.O. Box 12893, Raleigh, North Carolina 27605

Email: CHFLegislative@aol.com

Contact: (336) 210-1947

Vision Statement

Standing for the rights and freedom of North Carolinians to access and have choices in natural and traditional healthcare services and products. Promoting and protecting the safety and purity of our natural resources. Providing information, awareness and educational opportunities to support individuals and families in making well-informed healthcare decisions.

www.nccfh.org

www.GoodSearch.com