

Kentucky Oral Health Coalition (KOHC)

Membership Form

Make checks payable to: Kentucky Oral Health Coalition

You may return this completed form to mkalra@kyyouth.org or print and mail it with your check to:

Mahak Kalra
Kentucky Oral Health Coalition
11001 Bluegrass Pkwy., Ste. 100
Jeffersontown, KY 40299

Memberships are good for one year. Dues are renewed annually in July. Your dues provide resources to support annual coalition meetings, oral health coalition activities as approved by members or the executive committee, and policies and programs to increase access to high quality oral health care for all populations in Kentucky.

Please select the appropriate membership category:

STUDENT MEMBERSHIP

Individual: Annual dues of \$10

Member Name: _____ Phone #: _____

Email: _____

Address: _____

School: _____ Degree: _____

Anticipated graduation date: _____ County of residence: _____

INDIVIDUAL MEMBERSHIP

Individual: Annual dues of \$50 Member

Name: _____ Phone #: _____

Email: _____

Address: _____

Organization/affiliation: _____

County of residence: _____

ORGANIZATIONAL MEMBERSHIP

Government/Quasi-governmental Organization: Annual dues of \$150

Non-Profit Organization Annual dues of \$300

For-Profit Organization: Annual dues of \$500

Organization Name: _____

Contact Person: _____ Phone #: _____

Email address: _____

Address: _____