

INVOICE 2024 Membership

Date:			MHCSA Website: http://mhcsa.org	
Membership dues for the Michigan Health Ca Please remit payment and form to Sarah L				\$25.00
	<u> </u>	with all membership b	ontact information located below. benefits. You can e-mail this form a mhcsa.org.	
Contact Info	rmation			
First Name:			Last Name:	
Organization:			Title:	
Telephone (with area code):		E-mail address:	1	
Method of Payment: If using PayPal, please provide the e-mail address the dues will be sent from:				
Method of Payment: Check PayPal		ii usiiig FayFai, pieas	e provide the e-mail address the due	s will be sent from.
Check	Payable to: Michigan Health Care Safety Association Mail to: Sarah Law, 1926 Brookfield Ct., Rochester Hills, MI 48306			
PayPal	Log into your PayPal account. Go to "Pay or send money" and then select "Pay for goods or services" with no fee to you. Where an email address is requested, direct to: payment@mhcsa.org. Enter \$25. Your receipt may be accessed by either printing the confirmation screen, or if you have a PayPal account, by viewing the transaction details.			

2024 MHCSA Bi-Monthly Meetings

All membership meetings will be held from **2:00 – 3:30 EST via conference call**. Call-in instructions will be provided prior to the meetings. Meetings will include open discussions where members can ask questions, share experiences, and just be a part of the latest regarding occupational safety and health. There will also be educational presentations geared toward hot topics in health care.

Tuesday, March 12, 2024 Tuesday, May 14, 2024 Tuesday, July 9, 2024

Tuesday, September 10, 2024

Tuesday, November 12, 2024

MHCSA membership includes participation in the interactive meetings and education sessions, membership in the MHCSA list serve, and access to the MHCSA website at http://mhcsa.org.