

# Iowa Health Freedom Coalition 2008 Application

Grassroots Supporter     Volunteer     Member     Contributor

The Iowa Health Freedom Coalition invites you to become a volunteer, a contributor and/or a member to help preserve and expand Iowans' access to wellness. The Coalition is a non-profit volunteer organization of holistically-minded educators, practitioners and consumers seeking to preserve the freedom to legally offer or receive all the healing arts in Iowa.

Our mission is to promote freedom of access to all healing arts, to effect legislative reform of the laws impacting the right to access the healthcare of our choice and to promote whole person wellness in Iowa.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

## INFORMED & INVOLVED GRASSROOTS SUPPORTER:

Yes! Please add me to the IHFC Grassroots Database so I may receive health freedom alerts and IHFC updates at my e-mail address listed above.

## ACTIVE VOLUNTEER:

Yes! I have time and talents that I would like to contribute to IHFC! Please contact me so I can find out how I may help. Tasks that interest me include:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Legislative Contact      | <input type="checkbox"/> Membership    | <input type="checkbox"/> Web Site                   |
| <input type="checkbox"/> Media Contact            | <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Legal & Accounting Support |
| <input type="checkbox"/> Grassroots<br>Organizing | <input type="checkbox"/> Education     | <input type="checkbox"/> Administrative Support     |
| <input type="checkbox"/> Database Support         | <input type="checkbox"/> Expo Displays | <input type="checkbox"/> Research and Writing       |
| <input type="checkbox"/> Other _____              |  |   |

## DUES PAYING MEMBER:

Yes! I would like to be associated with IHFC as a member, making me eligible to vote at the annual IHFC meeting and to be elected to the Executive Council. I understand annual dues are \$25/year from Oct. through Sept. Please make your check out to IHFC Treasurer, 2620 Beverly Drive, Urbandale, IA 50322. You may also go to our website and pay by credit card using PayPal.

## FINANCIAL CONTRIBUTOR:

Yes! I would like to financially support IHFC's education and advocacy efforts above and beyond membership dues or instead of paying membership dues.

Amount

\$ \_\_\_\_\_

Monthly Pledge

Please Note:

Donations are not tax deductible at this time.

Payment Method

Cash

Check to IHFC

Credit Card