

**Coalition for Oral Health for the Aging
Membership Form**

Name/Degrees: _____

Title/Position: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

E-mail address: _____

Membership Dues of \$25 should be mailed to:
Coalition for Oral Health for the Aging
22 S Harbor Dr. #404
Grand haven , MI 49417

*Membership for students is free.

COHA is a non-profit organization: Tax ID# 27-1982002

To learn more about COHA, please visit our website (www.micoha.org) or
contact Dr. Elisa Ghezzi at chair@micoha.org

