

Michigan Nurses



For Life

MNFL is a volunteer organization of nurses dedicated to promoting life from conception until natural death.

### **Benefits of Membership:**

...Receive discount on the Annual Conference

...Fellowship and networking opportunities with other prolife nurses

...A quarterly newsletter with updates on prolife issues and upcoming events

...Contact hours offered for attending MNFL Annual Conference

...MNFL Membership card

**Feel free to tell your colleagues and friends about Michigan Nurses For Life.**

For Life



Michigan Nurses

Coventry Place, Suite G  
1637 W. Big Beaver Road  
Troy, Michigan 48084-3540



# Michigan Nurses For Life



A professional organization for prolife nurses affirming life in all its stages and conditions from conception to natural death

Address Service Requested

# Michigan Nurses



For Life

## Our Purpose:

...To raise the consciousness of the nursing profession to protect all human life from conception until natural death

...To form an educated core of nurses who can speak for their profession by acting as a community resource for life issues

...To promote public education and awareness about life issues on both ends of the spectrum, from abortion to euthanasia

...To uphold and defend human life in all stages and conditions of development

### For more information, contact:

Michigan Nurses For Life  
Coventry Place, Suite G  
1637 W. Big Beaver Road  
Troy, Michigan 48084

Office: 248.816.8489  
Fax: 248.816.9066

Monday through Friday  
10 am - 3 pm

Email: [info@mnfl.org](mailto:info@mnfl.org)  
or visit us online at:  
[www.mnfl.org](http://www.mnfl.org)

July 2007



## Membership Information:

Michigan Nurses  
For Life

A professional  
organization  
for prolife nurses

...Membership fee is \$25 per year.

...Contact Hours available by attending the annual conference offered each year.

Remit coupon with your payment to:

Michigan Nurses  
For Life

Coventry Place, Suite G  
1637 W. Big Beaver Road  
Troy, Michigan 48084  
248.816.8489

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Field of Nursing: \_\_\_\_\_

MI Nursing License No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### Yearly Membership Fee:

RN - \$25  
 LPN - \$25  
 Student Nurses - \$10  
 Retired Nurses - \$15

Check Number: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

**I agree to affirm life  
in all its stages and conditions.**



Signature: \_\_\_\_\_