



KYHEC
Kentucky Healthcare
Ethics Consortium

Membership Application Form

Institution

Primary Contact Name

Email

Phone

Mailing Address

Please provide the names and email addresses for listserv participants. There is no institutional limit to the number of listserv participants. Additional names and addresses can be added at any time by contacting Kim Browning.

KYHEC Membership is \$1000 annually and this may be paid by check or by credit card (Visa or MasterCard only).

Pay by Check

Please make your check payable to the University of Kentucky and note on the check that it is for KYHEC membership. Checks should be mailed to:

Kim Browning
UK Program for Bioethics
Medical Sciences Building MS579
800 Rose St.
Lexington, KY 40536-0298

Pay by Credit Card

Please call Kim Browning at 859.323.8386 **after June 29, 2016** to provide your credit card information.

Please return your completed form to Kim Browning at kim.browning@uky.edu or fax: 859.323.1825. If you have any questions or need assistance, please contact Kim Browning at kim.browning@uky.edu or Becky Yarrison at r.yarrison@uky.edu.