Community of Christ Health Ministries Association
Congregational Health Ministries Program Registration

HMA Member Name: ……

Address: ……

City, State, Zip: ……

Email: ……

Home Phone: …… Cell: ……

Name of Congregation: ……

Mission Center: ……

Other Members on Congregational Health Ministries Committee:

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Proposed Activities within congregation:

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Proposed Activities for the community:

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