

**[] YES! I want information on how I can participate in
MMHCA's Graduate Student Mentoring Program**

Please send me information on:

[] Being a mentor

[] Being a partner (a graduate student mentee)

Please send this information to:

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone: _____

E-Mail: _____

Send request form to:

MMHCA, P.O. Box 80036, Rochester, MI 48308