

MEMBERSHIP APPLICATION

Dr./Ms./Mr. _____
First Middle Last

Mailing Address _____
Organization Street Address

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail Address _____

Region _____ Position Title: _____



<input type="radio"/> Regular Membership \$75 <input type="radio"/> Full-Time Student or Retiree \$20	<input type="radio"/> New <input type="radio"/> Renewal	<input type="radio"/> Nat'l ASCD Member
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Please make checks payable to: **Michigan ASCD** Mail to: **Michigan ASCD, 1001 Centennial Way, Suite 300, Lansing, MI 48917**