



MEMBERSHIP APPLICATION

Membership Year October 1 to September 30

New () Renewal ()

Name _____ Name _____
Address _____ Changed Yes or No
City _____ State _____ Zip _____
Phone _____ Email _____

() Please check here if you do not wish the above information to appear on the Internet

*Signature _____

*Signature _____

*To authorize assignment of names to Great Lakes Region for representation at the BOD meetings

() Family – \$30

Full Voting member. Two Family members, 10 or older, one of whom is the head of the household. Consists of two (2) regular memberships and unlimited youth memberships.

Youth Names _____

() Regular – \$15

Full Voting member. No regular memberships will be issued to anyone under 18.

() Associate (Youth) – \$15

A non-voting member enjoying all association benefits.

Make Check Payable to: GLPFHA

Mail to: Lori Ware, 4604 Poinsettia SE, Kentwood, MI 49508

BOD 6/26/14