



MEMBERSHIP APPLICATION

Membership Year: October 1 to September 30

New ()

Renewal ()

First Name _____ Last Name _____

Address _____ Change: 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) – \$12

A non-voting member enjoying all association benefits.

Make Check Payable to: GLPFHA

Mail to: Tina Patterson, 5196 Shepper Rd., Stockbridge, MI 49285

BOD 11/21/2020