


MSSFA MEMBERSHIP APPLICATION

Today's Date:	Payment Method: Check _____ Cash _____ Credit Card _____	Check Membership Type Below
Credit Card Number:		Renewal:
CC Exp Date:	3-Digit Code:	New Member:
Membership Expiration Date:		Home Chapter:
Member Name:		Other:
Address:		Payment Amount:
City, State, Zip:		Special Project Fund:
Email:		Total:

MSSFA State and Chapter Dues (Yearly)

<input type="checkbox"/> Battle Creek \$45.00	<input type="checkbox"/> Holland \$45.00	<input type="checkbox"/> Thumb \$40.00 (Harbor Beach)	
<input type="checkbox"/> Grand Haven \$40.00	<input type="checkbox"/> Metro West (Livonia) \$50.00	<input type="checkbox"/> Thunder Bay \$40.00 (Alpena)	
<input type="checkbox"/> Grand Rapids \$45.00	<input type="checkbox"/> South Haven \$40.00	<input type="checkbox"/> White River \$40.00 (Whitehall)	
<input type="checkbox"/> Great Lakes Bay Region \$40.00 (Midland)	<input type="checkbox"/> Southwestern \$45.00 (St. Joseph)	<input type="checkbox"/> At Large Membership \$35.00	
<p>Mail to: MSSFA ~ PO Box 926 ~ White Cloud, MI 49349</p> <p>Email: mssfamembership@charter.net</p>			

