



Fill out form completely, sign and mail with check made out to 'ASC of Michigan'.

Please mail to:
Sandra Maxam
45107 C. R. 653
Paw Paw, MI 49079

ASC of Michigan Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-Mail _____ @ _____

Web Site address _____

Can we publish this on our web site? _____ Yes _____ No

Please check type of Membership
_____ Family (\$20.00) _____ Single (\$15.00)

_____ New _____ Renewal _____ Junior (no fee, but no newsletter)

I/We agree to abide by ASC of Michigan Constitution, By-laws and code of ethics.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please make checks payable to: ASC of Michigan Inc.
Would you like to be added to our ASC of Michigan E-Mail Yahoo!Group list?
_____ Yes _____ No

For Office Use Only: Date Paid _____ Cash: _____ or Check #: _____
Mailing Address to Aussie Pause Editor: _____
E-Mail Address to Ann for Yahoo!Group: _____