

MICHIGAN TAXIDERMIST ASSOCIATION

MEMBERSHIP APPLICATION

Date / /

New _____ Renewal _____

Name _____

Business Name _____

Address _____

City _____

County _____

State _____

Zip Code _____

Phone _____

Email _____

Website URL: _____



Annual Dues (membership Jan – Dec) \$45.00 (Now accepting Visa/MC)

Card Number _____ Exp Date _____ 3 Digit Security Code _____

I would like to make a donation to the MTA's DreamMaker's Program \$ _____

Spouse's Name: _____

Children (18 & Under – please list names and DOB's)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

All information and upcoming events pertaining to our organization can be found at:
www.michigantaxidermist.com and check us out on Facebook

Mail form to:
Michigan Taxidermist Association
c/o Membership Coordinator
Kathy Proctor
11784 Winfield Rd.
Jonesville, Michigan 49250

Email form to:
Kathy Proctor
kathy@jpriverbendtaxidermy.com