MICHIGAN TAXIDERMIST ASSOCIATION MEMBERSHIP APPLICATION

	New	Renewal	/ 	/
Name _				TA Y>.
Business Name _			GAN	TAXIDER
Address _				3
City _				H
County _				
State _				CIATION
Zip Code _			1550	CIATION
Phone _				
Email _				
Website URL: _				
Annual Dues (membe	ership Jan – Dec)	\$40.00 (N	low accepting Visa/MC)
Card Number		Exp Date _	3 Digit Security	/ Code
I would like to make a	donation to the MTA	∖'s DreamMaker's Pr	ogram \$	
Spouse's Name:				
Children (18 & Under	– please list names	and DOB's)		
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All information and up	coming events perta	ining to our organiza	tion can be found at:	

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