



MEMBERSHIP APPLICATION

Date _____

Name _____

Employer _____

Title _____

Students College or University: _____

Contact Information (Required)

Street _____

City _____

State & Zip Code _____

Phone _____

Alternate Phone _____

Email Address _____

Check appropriate membership category:

ISPI Michigan Regular \$75.00 ___new member ___renewal

ISPI Michigan Student \$40.00 ___new member ___renewal Student ID#: _____

Check if applicable

- I am interested in volunteering.

Payment Option:

- Check: Make payable to ISPI Michigan Chapter
 Credit Card: ___ Visa ___ MasterCard ___ Discover ___ American Express

Credit Card Number _____ Expiration Date _____ Billing Zip Code _____

Signature: _____

Mail application and check/credit card info to:

**ISPI Michigan Chapter
PO Box 189
Royal Oak, MI 48068**

Or, fax application with credit card info to (253) 793-4283.