



MEMBERSHIP FORM

Date _____
Name _____
Employer _____
Title _____
Students: College or University: _____

Contact Information (Required)

___ Work / ___ Home / ___ Other

Street _____
City _____
State & Zip Code _____
Phone _____
Alternate Phone _____
Preferred Email _____
Alternate Email _____

Check appropriate membership category:

ISPI Michigan Regular \$75.00 ___new member ___renewal
ISPI Michigan Student \$45.00 ___new member ___renewal Student ID#: _____

Check if applicable: _____ I am interested in volunteering.

Payment Options:

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

Credit Card Number / Code _____ Expiration Date _____ Billing Zip Code _____
_____/_____

Signature: _____

Mail application and check/credit card info to:
ISPI Michigan Chapter
PO Box 189
Royal Oak, MI 48068