

Michigan Taxidermist Association

New Member Application

MEMBER NAME _____

SPOUSE/2nd FAMILY MEMBER _____

CHILDREN UNDER AGE 19 _____

PHONE NUMBER _____

ADDRESS _____

_____ ZIP CODE _____

EMAIL _____

BUSINESS NAME _____

BUSINESS WEBSITE _____

Family Member Dues \$65.00 (JAN through DEC, includes 2nd family member & minor children)

_____ Check Enclosed payable to Michigan Taxidermist Association

_____ Email an invoice to me for online credit card payment option

_____ I authorize the following credit card number for payment of my MTA annual dues

Credit Card Number _____

Expiration Date _____

3-digit Security Code _____

Zip Code associated with billing address _____

Please return to: Brooke Crouse
Michigan Taxidermist Association
1632 North Vickeryville Rd
Vestaburg, MI 48891

I agree to follow the MTA Code of Ethics. I understand that photographs of myself and family may be used at the discretion of the MTA such as on FACEBOOK and the MTA Website.

Member Signature _____ Date _____