

MICHIGAN TAXIDERMIST ASSOCIATION
MEMBERSHIP APPLICATION

Name _____

Business Name _____

Address _____ City _____

County _____ State _____ ZipCode _____

Phone _____ Email _____

Website URL _____

****Check here if you wish to have your information posted in the members listing section on the MTA website _____**

New _____ Renewal _____ Date _____

Annual Dues: (membership Jan-Dec)

Single membership (\$35.00) _____ Family Membership (\$45.00) _____

Family Membership: Spouse: _____

Children (18 and under - please list names and DOB) a. _____

b. _____ c. _____ d. _____

e. _____ f. _____

Newsletter: Available on line at www.michigantaxidermist.com

If you have no internet access please check here. _____



Mail Application to:
Michigan Taxidermist Association
C/O Sally Thomas
5927 Elk Drive
Pottersville, MI 48876