



# Membership Application / Renewal

**Current members may also renew online at [wmshp.net/renew](http://wmshp.net/renew).**

**Name:**

\_\_\_\_\_  
First Name Last Name

**E-Mail Address:**

\_\_\_\_\_

**Home Address:**

\_\_\_\_\_  
Street Address Apt / PO Box

\_\_\_\_\_  
City State Zip Code

**Home Phone:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Place of Employment:**

\_\_\_\_\_

**Job Title / Specialty:**

\_\_\_\_\_

**Work Address:**

\_\_\_\_\_  
Street Address Department / Suite

\_\_\_\_\_  
City State Zip Code

**Work Phone:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Alma Mater:**

\_\_\_\_\_ **Year Graduated:** \_\_\_\_\_

**Are you a member of MSHP and/or MPA?**

Yes  No

**Prefer Communication By:**

E-Mail  Home Address  Work Address  
 Don't Send Me Info – I will get my information at [wmshp.net](http://wmshp.net)

**ANNUAL DUES: \$30 (Covers One Calendar Year)**  
Check payable to "WMSHP" should accompany this application.

**RETURN APPLICATION TO:**

**Brad Miller, WMSHP Secretary**  
**8835 Summerset Woods Ct SE**  
**Alto, MI 49302**

**QUESTIONS:**

Phone: (616) 881-3016  
Email: [webmaster@wmshp.net](mailto:webmaster@wmshp.net)