



Membership Application / Renewal

CURRENT MEMBERS MAY RENEW ONLINE AT wmshp.net/renew

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Email Address: _____

Place of Employment: _____

Work Position / Interest Areas: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Alma Mater: _____ Year Graduated: _____

Are You a Member of MSHP and/or MPA? Yes No

How would you like to be contacted by WMSHP? Home Address Work Address Email
 Don't Send Me Info – I will get my information at WMSHP.net

DUES: \$20 (membership for one calendar year)
Check to “WMSHP” should accompany application.

RETURN TO: Brad Miller - WMSHP Secretary
8835 Summerset Woods Ct SE
Alto, MI 49302

QUESTIONS? Call Brad at (616) 881-3016