



MEMBERSHIP APPLICATION

If you are interested in membership in MAME, please complete this form legibly and send to:
Angela Cole at email acole@dmc.org or fax 313-966-3534.

I am interested in membership as an:

- _____ Individual (\$75)
- _____ Institution (\$300 - up to five individuals may be named)
- _____ Additional person on a new institutional membership (\$50)
- _____ Additional person on an existing institutional membership (\$50)

Contact information of individual requesting membership:

Name _____

Address _____

City/State/Zip _____

Phone # _____ Fax # _____

E-mail Address (mandatory) _____

Institution's contact person to pay invoice if other than above:

Name _____

Address _____

City/State/Zip _____

Phone # _____ Fax # _____

E-mail Address (mandatory) _____

If you are applying for an institutional membership, please list up to five people for the membership and their emails below. Additional people may be added as needed at \$50 each, without completing another application.

1) Name _____ E-mail _____

2) Name _____ E-mail _____

3) Name _____ E-mail _____

4) Name _____ E-mail _____

5) Name _____ E-mail _____