

# Membership Application

Please Print:

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_

Website \_\_\_\_\_

Alternate/Vacation Address \_\_\_\_\_

Phone \_\_\_\_\_

Start/End Dates for Alternate Phone & Address \_\_\_\_\_

- ☐ **Renew**  
☐ **New**  
☐ I wish to join/renew my membership to CPSA District Chapter #104

Send \$20.00 check payable to **CPSA #104** to:

**Sheila Norwood**  
**Atten CPSA 104 Membership**  
**326 Berkley St,**  
**Dearborn Mi 48124**

- ☐ I have sent my CPSA National Membership dues of \$45.00 and CPSA National Membership Form to the National Membership Director. Download Form at  
<http://www.cpsa.org/membership/renew-your-membership>

**Note:** To be a member of the local Chapter, you **MUST** also join National CPSA.

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**I understand the CPSA Detroit Chapter #104, its governing Board, and/or members shall not be held liable for any damage, loss, or injury to myself or to any of my personal property or effects that may occur in conjunction with this organization or its activities in which I may choose to participate.**

**Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_