

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:

Marcia Allegranza
Atten CPSA 104 Membership
13011 E. 12 Mile Rd.
Warren Mi. 48088

- I have sent my CPSA National Membership dues of \$ 50.00 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.

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 _____