2008 WEST MICHIGAN RECREATION AND PARK ASSOCIATION DUES FORM

Agency/Vendor Name: _____
or
Individual/Vendor Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Agency Web Site: _____

Fees (please circle one):	**AGENCY**	**$50.00 (for 5 or more members per agency)**
	INDIVIDUAL	**$ 10.00 per person**
	VENDOR	**$ 25.00 per vendor**

IF REGISTERING AS AN AGENCY PLEASE COMPLETE THE INFORMATION BELOW:

*** Name_____Direct Phone Line_____**
E-mail Address_____

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(Please mail this form with check made payable to WMRPA by February 22, 2008 to:
East Grand Rapids Parks & Recreation, ATTN: WMRPA/Pam Slater, 750 Lakeside Dr. East Grand Rapids, MI 49506)