

# CPLHS Membership and Donation Form

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>Membership</b>	_____ New	_____ 1 year Single \$20.00	_____ 2 year Single \$35.00
	_____ Renewal	_____ 1 year Family \$30.00	_____ 2 year Family \$50.00
Would you like your quarterly newsletter sent to your Email? (Circle one)			Yes      No
<b>Annual Conference - Saturday, July 15, 2017</b>		\$5.00 per person or \$15.00 for immediate family of 3 or more	
Number attending: _____ x \$5.00 = \$ _____ or family x \$15.00 = \$ _____			
<b>Donation</b>	I would like to make a donation in the amount of \$ _____		
A lifetime family membership comes with a donation of \$500 (may be tax deductible, consult your tax adviser)			

**MAKE CHECKS PAYABLE TO CPLHS**

Mail to: CPLHS, Rick Brockway, 450 W. Marr Rd., Howell, MI 48855