

# Membership Application

Please complete the form, **print** and remit with a check for **\$75** to:

**Christ Child Society of Northern Michigan**

**P.O. Box 132, Harbor Springs, MI 49740**

## Name

First Name

Last Name

## Spouse (optional)

First Name

Last Name

## Email

## Birthday (mm/dd)

## Local / Summer Address

Address Line 1

Address Line 2

City

State

Zip Code

## Local Phone

## Mobil Phone

## Winter Address

Address Line 1

Address Line 2

City

State

Zip Code

## Winter Phone

Who may we thank for referring you to our Christ Child Society chapter?