

## VegMichigan Membership Form

First Name \* \_\_\_\_\_

Last Name \* \_\_\_\_\_

Address 1 \* \_\_\_\_\_

Address 2 \_\_\_\_\_

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

Phone \* \_\_\_\_\_

Email Address \* \_\_\_\_\_

Confirm Email \* \_\_\_\_\_

Membership Type \*  New Membership  Renewal (Member ID # \_\_\_\_\_)

Membership Type \*

Individual (\$35)

Individual Plus VegFest Guest (\$45)

Individual Plus VegFest Guest (\$45) and Donation: \$ \_\_\_\_\_

Would you be interested in volunteering with VegMichigan?  Yes  No

Would you like to receive our Monthly E-Newsletter? (1 email per month)  Yes  No

How did you hear about us? 1. Friend/Family 2. Website/Social Media 3. Event 4. Other

Please mail this form and your check to:

VegMichigan

P.O. Box 2161

Royal Oak, MI. 48068