MEMBERSHIP RENEWAL FORM 2019

Please note any changes to your name, address, telephone number, e-mail address, etc. on this form. This information is used for your mailing address and the annual MIPA Directory. If no changes are submitted, all current information will be considered correct. This Renewal is for January 1, 2019 through December 31, 2019.

Name: __________________________________________________
Date: __________________________________________________

Check here if no changes [   ]

Please note all changes below.

Address: ________________________________________________
_______________________________________________________
_______________________________________________________

Business telephone: ______________________________________
Home telephone: ________________________________________
Facsimile: ______________________________________________
E-mail address: __________________________________________
Other: _________________________________________________

Please list my contact information on the MIPA website:

_____YES _____NO

<table>
<thead>
<tr>
<th>SINGLE YEAR</th>
<th>MULTI-YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular $35.00</td>
<td>Benefactor $500.00</td>
</tr>
<tr>
<td>Lifetime $250.00</td>
<td></td>
</tr>
</tbody>
</table>

Please indicate the type of membership desired.

Send check payable to MIPA and completed form to:
Libby Blanchard
MIPA Membership Chair
P.O. Box 430215
Pontiac, MI 48343-0215