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| **MICHIGAN ASSOCIATION OF FOSTER GRANDPARENT AND**  **SENIOR COMPANION PROGRAMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NEW or RENEWAL of MEMBERSHIP APPLICATION 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Membership covers the period of **January 1, 2022** to **December 31, 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Annual Membership is $*125.00* Per Person Due by December 3, 2021** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sponsoring Agency:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Program: (Please check one)** | | | | | | | | | | | | | |  | | | | **FGP** | | | | | | | |  | **SCP** | | | | |  | | | **FGP/SCP** | | | | | | | | | | | | | | | | | | |
| **Counties Served: (Please check all counties that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Osceola | | |
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|  | | Alcona | | |  | Allegan | | | | |  | Alpena | | | | | | |  | | | | | | Antrim | | | | | |  | | Arenac | | | | | | |  | | Barry | | | | | | |  | Benzie | |  | Berrien |
|  | | Branch | | |  | Calhoun | | | | |  | Cass | | | | | | |  | | | | | | Charlevoix | | | | | |  | | Cheboygan | | | | | | |  | | Clare | | | | | | |  | Clinton | |  | Crawford |
|  | | Delta | | |  | Eaton | | | | |  | Emmet | | | | | | |  | | | | | | Genesee | | | | | |  | | Grand Traverse | | | | | | |  | | Gratiot | | | | | | |  | Hillsdale | |  | Huron |
|  | | Ingham | | |  | Ionia | | | | |  | Iosco | | | | | | |  | | | | | | Isabella | | | | | |  | | Kalamazoo | | | | | | |  | | Kalkaska | | | | | | |  | Kent | |  | Lake |
|  | | Lapeer | | |  | Leelanau | | | | |  | Lenawee | | | | | | |  | | | | | | Livingston | | | | | |  | | Luce | | | | | | |  | | Macomb | | | | | | |  | Manistee | |  | Mecosta |
|  | | Menominee | | |  | Missaukee | | | | |  | Monroe | | | | | | |  | | | | | | Montcalm | | | | | |  | | Montmorency | | | | | | |  | | Muskegon | | | | | | |  | Newaygo | |  | Oakland |
|  | | Ogemaw | | |  | Oscoda | | | | |  | Otsego | | | | | | |  | | | | | | Presque Isle | | | | | |  | | Roscommon | | | | | | |  | | Saginaw | | | | | | |  | St. Clair | |  | St. Joseph |
|  | | Sanilac | | |  | Schoolcraft | | | | |  | Shiawassee | | | | | | |  | | | | | | Tuscola | | | | | |  | | Van Buren | | | | | | |  | | Washtenaw | | | | | | |  | Wayne | |  | Wexford |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Name:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Title:** | | | |  | | | | | | | | | | | | | | | | | | | |
| **Please check one:** | | | | | | | |  | | Renewal | | |  | | New | | | | | **Committee serving on:** | | | | | | | | | | | | | | | | | |  | | | Outreach | |  | | | Membership Development | | | | | | | |
| Mailing Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number: | | | | | | | |  | | | | | | | | Ext. | | | | | | |  | | | | | Cell: (optional) | | | | | | | |  | | | | | | | | Fax: | | | | | | |  | | |
| E-mail Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Name:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Title:** | | | |  | | | | | | | | | | | | | | | | | | | |
| **Please check one:** | | | | | | |  | | | Renewal | | |  | | New | | | | | | **Committee serving on:** | | | | | | | | | | | | | | | | |  | | | Outreach | |  | | Membership Development | | | | | | | | |
| Mailing Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number: | | | | | | |  | | | | | | | | | Ext. | | | | | | |  | | | | | Cell (optional) | | | | | | | |  | | | | | | | | Fax: | | | | | | |  | | |
| E-mail Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Name:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Title:** | | | |  | | | | | | | | | | | | | | | | | | | |
| **Please check one:** | | | | | | |  | | | Renewal | | |  | | New | | | | | | | **Committee serving on:** | | | | | | | | | | | | | | | | |  | | Outreach | |  | | Membership Development | | | | | | | | |
| Mailing Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number: | | | | | | |  | | | | | | | | | | Ext. | | | | | | |  | | | | | Cell (optional) | | | | | | | |  | | | | | | | | | Fax: | | | | |  | | |
| E-mail Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. Name:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Title:** | | | |  | | | | | | | | | | | | | | | | | | | |
| **Please check one:** | | | | | | |  | | | Renewal | | |  | | New | | | | | | | **Committee serving on:** | | | | | | | | | | | | | | | |  | | | Outreach | |  | | | | Membership Development | | | | | | |
| Mailing Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number: | | | | | | |  | | | | | | | | | | Ext. | | | | | | |  | | | | | Cell (optional) | | | | | | | |  | | | | | | | | | Fax: | | | | |  | | |
| E-mail Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please mail this form(s) to:**  **Jason Wilkes, MAFG/SCP Treasurer**  **2400 Pattengill Ave.**  **Lansing, MI 48910**  Office: (517) 819-6111 Fax: (517) 887-7313  jason@rsvp-lansing.com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total Amount Enclosed** | | | | | | | | | | | | | | | **$** | | | | | |
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| **Make Checks Payable to: MAFG/SCP** | | | | | | | | | | | | | | | | | | | | |
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