

# TOBACCO-FREE MICHIGAN

## Membership Application

**Organization Name:**

**Contact Name:** (\*Please note: If you are paying coalition/organization dues you may have up to 5 representatives sign-up as associate members. Please make extra copies of this form and complete.)

**Title**

**Address/State/Zip:**

**Phone:**

**Fax Number:**

**E-mail Address:**

**County:**

**Annual Dues for 2007-2008:**

- Student Dues:** \$15.00 (Non-voting member)
- Individual Dues:** \$30.00 (Non-voting member)
- Non-profit organization Dues:** \$300.00 (One vote per organization)
- Tobacco Reduction Coalitions:** \$300.00 (One vote per coalition)
- Corporate Dues:** \$1,000.00

**Amount enclosed:** \$ \_\_\_\_\_

*Thank you for your membership!*

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