



Membership Registration Form

Membership: Sept. 2017 – Aug. 2018 **Annual dues:** \$40 for full-time faculty; \$15 for part-time/retired faculty.

NAME

New Member

Renewal

If you are a new member, please provide the following information. Renewing member, please provide us with any information changes.

Name, email, address, telephone numbers provided on the registration sheet may be published in a member directory. Name, email address and telephone numbers will not be provided or given to any third party for any reason.

Mailing Address:

City

State

Zip

College:

Phone number(s): (H)

(W)

Email(s): (H)

(W)

FT PT RETIRED

COURSES YOU TEACH/INTERESTS:

How did you first hear about our organization?

Would you be interested in helping out at conference? Yes No Maybe

Facilitating a break-out session or giving a talk? Yes No Maybe

Would you like to be an officer or committee member? Yes No

Submit this form by email to:
Katie LaCommare
MCCBMembership@gmail.com

Mail your dues to:
Katie LaCommare
145 S. Tompkins, Howell, MI 48843
(Please make checks payable to MCCB)

OR use PayPal at WWW.MCCBio.org

(Cut along line and submit with payment)

Name: _____ Membership: PT FT Rt Amount: _____