



2011 MEMBERSHIP APPLICATION

Annual Membership Dues:

Individual I \$50

Corporate I Information available at www.grandrapids.org/MAP

Contact Information:

Name: _____

Company: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Volunteer Opportunities – check area(s) of interest

- Annual Welcoming Events Let's Dine Table Captain Membership
 Website & Communications Welcome Luncheon Ambassador

Please submit your application and form of payment by credit card or check to:

Multiracial Association of Professionals – Membership
111 Pearl St. NW
Grand Rapids, MI 49503
Fax: 616.771.0321

CARD # _____ EXP. DATE ____/____

NAME ON CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AMOUNT \$ _____

SIGNATURE: _____ DATE: _____