

MPAFUG Membership Renewal Form for 2017

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PLEASE PRINT

Name: _____
Address: _____
City: _____
State: _____
ZIP: _____ -- _____
Phone () _____ -- _____
e-Mail Address: _____

Make check payable to **MPAFUG** for \$12, \$24 or \$36 and mail to:

**Lynn Thrasher,
MPAFUG Treasurer,
P.O. Box 14222,
West Allis, WI
53214-0222**

___ 1 Year Membership \$12, ___ 2 Year Membership \$24, ___ 3 Year Membership \$36

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MPAFUG GIFT Membership Form for 2017

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PLEASE PRINT

This gift of membership in MPAFUG is from:

Name: _____

Following is the name, address, phone and e-mail address of the person being sent this gift.

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____ -- _____

Phone () _____ -- _____

e-Mail Address: _____

Make check payable to **MPAFUG** for \$12, \$24 or \$36 and mail to:

**Lynn Thrasher,
MPAFUG Treasurer,
P.O. Box 14222,
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