

MLH invites you to enjoy the benefits of membership. Please complete all the information on the application.

Membership types:

New___ Renewal___ Guild _____ Commercial Vendor _____

Would you like to listed as a Commercial Vendor _____

Name_____

Address_____

City/Sate/Zip_____

Phone # _____

Email_____

Guild Affiliation_____

Membership dues: \$20/year or \$37 for 2 yrs, please consider a \$5 or more donation to the Learning Grant.

Dues	_____
Learning Grant Donation	_____
Total	_____

Send a check, payable to MLH, and this filled-out application to:

Jennifer Gould, Membership Chair
435 Woodburn, SW
Byron Center MI 49315
616-878-1526
jgould1526@gmail.com