



# Michigan Health Occupation Educators Association

## MHOEA MEMBERSHIP APPLICATION

2010-2011

(Print clearly and complete **ALL** areas)

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ PHONE (W) \_\_\_\_\_

PREFERRED EMAIL ADDRESS \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**DUES \$25.00**

Submit to  
Sherie Courchaine  
579 Lind Rd.  
Crystal Falls, MI 49920

Membership dues are included in your conference registration fees. If you are attending the conference please complete this form and include it with your registration but do not send a check for \$25. If you are unable to attend the conference, please complete the membership application and remit with your check for \$25. We appreciate your support of MHOEA