



# Michigan Health Occupation Educators Association

## MHOEA MEMBERSHIP APPLICATION

2009-2010

(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  
Sherlene Kolberg  
452 Lake  
Allegan, MI 49010

**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**