

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Member of Friends of MBGNA, Member Exp Date: _____ Not a Member

Current University of Michigan Student, Student ID Number _____

Do you need a receipt? Yes No **Email (required):** _____

Name	Class Code	Class Fee	Member Fee	U-M Student Fee
		TOTAL		

Payment: Check made payable to: MBGNA

Visa Mastercard Discover Card # _____

Exp Date _____ Cardholder Signature _____