

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 \_\_\_\_\_