

UPPER PENINSULA HUMAN RESOURCES ASSOCIATION

Membership Application and Invoice

Mail completed membership application(s) with check made payable to the U.P. Human Resources Association to:

Terri Govern
c/o Marquette County Health Department
184 US 41 Hwy East
Negaunee, MI 49866

2010 Membership

Amount Due: Membership Dues are \$40.00 per individual per calendar year. Dues payable each December.
--

Amount Enclosed: \$_____

2010 Membership Information - Dues Paid For:

Name: _____
Job Title: _____
Employer: _____
Address: _____
Phone: _____
E-Mail Address: _____

Name: _____
Job Title: _____
Employer: _____
Address: _____
Phone: _____
E-Mail Address: _____

2010 Membership Drive

Refer a prospective member. A membership application and information regarding the UPHRA will be mailed/e-mailed.

Name: _____
Job Title: _____
Employer: _____
Address: _____
Phone: _____