

Membership Form

Name: _____

E-Mail: _____

Ph (H): _____ (W) _____

Address: _____

City: _____ State _____ Zip _____

- | | | |
|--------------------------|---------------------|----------|
| <input type="checkbox"/> | Individual | \$35 |
| <input type="checkbox"/> | Family | \$50 |
| <input type="checkbox"/> | Cherished Friend | \$100 |
| <input type="checkbox"/> | Encourager | \$250 |
| <input type="checkbox"/> | Visionary | \$500 |
| <input type="checkbox"/> | Enthusiast | \$1,000 |
| <input type="checkbox"/> | Illuminator | \$2,500 |
| <input type="checkbox"/> | Keeper of the Dream | \$5,000+ |



**Please make
checks payable to
Creative Spirit
Center**

Card #: _____ Exp: _____

Signature: _____

Mail to: Creative Spirit Center, P.O. Box 1204 Midland, MI 48641