



## Northland Players Membership Form

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

If you wish to be a member, simply print and complete this form, and mail with a check for \$15.00 to:

**Northland Players**

**PO Box 157**

**Cheboygan, MI 49721**