MICHIGAN DISABILITY SPORTS ALLIANCE
ANNUAL MEMBERSHIP APPLICATION

Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Gender: (circle one) M F **Date of Birth:** _____

Home Phone: (____) _____ **Alternate Phone: (____)** _____

Email Address: _____

Team Affiliation: yes no **List Team, if yes** _____

CHECK ANY THAT APPLY:

- ❑ **Athlete/Coach**
- ❑ **Parent of Athlete**
- ❑ **PT/OT/CTRS**
- ❑ **Volunteer**
- ❑ **MVG Supporter**
- ❑ **Teacher**
- ❑ **Other:** _____

ARE YOU INTERESTED IN VOLUNTEERING FOR MICHIGAN VICTORY GAMES? YES NO

CAN YOU ASSIST WITH PUBLIC AWARENESS FOR MICHIGAN VICTORY GAMES? YES NO

Annual Membership -- 1 year executive membership @ $15.00

Your $15.00 membership benefits include: Admission to Michigan Victory Games, voting privileges at the Annual Meeting, admission to Annual Sports Banquet, and the MiDSA newsletters.

TOTAL AMOUNT ENCLOSED: _____ **CHECK/ MONEY ORDER NUMBER:** _____

Signature: _____ **Today's Date:** _____

Complete this form *Checks or Money Orders* payable to: Michigan Disability Sports Alliance (MiDSA).
OR, visit our website and pay via PAYPAL, www.MichiganVictoryGames.org

SEND FORMS TO:
Michigan Victory Games, C/O Stella Husch, Games Director, 5995 Middle Lake Road, Clarkston, MI 48346

Questions? Contact Mary Ann Weaver, MiDSA President, at MiDSA.MAC@gmail.com

Referred by: _____
(Each referral name will be entered into a drawing, to take place at the Annual Meeting, for the chance to win a MP3 Player and Speaker System.)