

2012-2013 MEMBERSHIP  
CASS COUNTY YOUTH COUNCIL

Agency name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Representative' s name \_\_\_\_\_

Email address \_\_\_\_\_

Representative' s name \_\_\_\_\_

Email address \_\_\_\_\_

Representative' s name \_\_\_\_\_

Email address \_\_\_\_\_

Dues: \$20.00 per member - annual (July - June, fiscal year)

Total amount paid: \_\_\_\_\_

Please send checks and copy of statement to:

Cass County Youth Council  
Attn: Dee Duszynski  
P.O. Box 334  
Cassopolis, MI 49031