

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