

# Enrollment Form

## Member Information (please print)

MUCC Membership Number \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Completion Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Payment Information

Kroger Card (1 card per address)  
(add a one-time fee of \$6.00, with \$5.00 being returned on the Kroger card) \$ \_\_\_\_\_

Additional Kroger Cards (\$6.00 each, with \$5.00 being returned on each card)  
Number of cards (3 maximum) \_\_\_\_\_ x \$6.00 per card Total Extra Kroger \$ \_\_\_\_\_

Additional Donation to MUCC Donation \$ \_\_\_\_\_

Total Amount to be Paid \$ \_\_\_\_\_

\_\_\_\_\_ MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ Discovery \_\_\_\_\_ Check

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Please Mail Completed Form to: MUCC  
P.O. Box 30235  
Lansing, MI 48909