



# Michigan Public Purchasing Officers Association Life Member Application

Name: \_\_\_\_\_

Retirement Date & Agency: \_\_\_\_\_

Contact Information:

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to be listed in the On-Line Membership Directory?     Yes     No

Professional Certifications: \_\_\_\_\_

I would be interested in participating on the Speakers Bureau:     Yes     No

Other MPPOA areas I would be interesting in participating:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return this form to: Maryellen Jansen, Business Coordinator, MPPOA  
P.O. Box 11038, Lansing, MI 48901  
[info@mppoa.net](mailto:info@mppoa.net)