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MEMBERSHIP INFORMATION

MAILING ADDRESS: PHONE NUMBER: E-MAIL ADDRESS: Newsletter Info Only As a member of PHALA, I agree to conduct my business with integrity and profession Annual dues of \$50.00 include partner/spouse. Mail to PHALA, P.O. Box 596304, Fort Gratiot, MI 48059-6304 Applicant: (Please print name) Signature: (Please print name) Date Interest and/or suggestions:		APPLICANT	PARTNER/SPOUSE	
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