Membership Form
Thank you for becoming a member of the Coalition. Please fill out the form with your information below, select a membership option, and mail the form and payment to the Coalition treasurer (address at the bottom of the page).

If you would rather join online, go to http://cwshrc.org/membership

Member Information:

Name: ________________________________

Mailing Address: ________________________________

_____________________________________________

_____________________________________________

University Affiliation: ________________________________

Email Address: ________________________________

Membership Option:

Lifetime Member: $1000 for ∞ years ________

Sustaining Member: $500 for 20 years ________

Faculty Member: One Year ($25) ________ Two Year ($50) ________

Graduate Student/Independent Scholar: One Year ($10) ________ Two Year ($20) ________

Please select one:

___ New Member    ___ Returning Member since ____________

Print and Mail Form and Payment to:
Mariana Grohowski
1043 Ingot Street
Hancock, Michigan 49930