



Membership Application Form

Please fill-in information and forward to the Tasters Guild address indicated.

NAME (S) _____
(Please print names as you wish them on your membership card)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ EMAIL _____
(Tasters Guild does not distribute members' addresses, phone or email information to outside businesses.)

Please enclose check or credit card information for:

Annual Single/Family Dues \$45 _____ **Two Years \$85** _____ **Renewal** _____

Please Charge to: Visa _____ MC _____ Number _____ Exp. _____

Name as on Card _____ Signature _____

Send Application to: **TASTERS GUILD** • 1515 Michigan NE • Grand Rapids, MI 49503