



Asset Protection Society

Membership Application

Thank you for joining the **Asset Protection Society**. We look forward to having you as a member and we encourage you to take advantage of the member benefits.

Please fill out the following information and return this form via fax or you may mail it to the address below.

1. Personal Information

Name (Please print) _____

Organization _____

Address* _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

2. **Payment to Accompany Form:** Remittance for \$100 is by: Check Payable to **The APS**
Credit Card Total \$ _____ 3 digit CC ID _____

3. **Credit Card Payment Options:** Card Number _____ Exp. Date: _____

Return completed registration form and payment to:

The APS: 3260 S. Lakeshore Dr., St. Joseph, MI 49085. Fax: **313-887-0532**.

Phone: 269-216-9978 or 312-212-3651

Online: www.thewpi.org.

*The address above needs to be the billing address for the credit card.