

## MSTA Teen Card Application

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

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/Guardian Name:  
\_\_\_\_\_

Adult Chapter Name & Number:  
\_\_\_\_\_

District: \_\_\_\_\_

Please enclose a Xerox copy of your parent /  
guardians or your FCRV (NCHA) membership  
card and \$1.00 for your State Teen card.

Mail to:

Ed & Alisa McClelland  
634 E Greenlawn  
Lansing MI 48910-3307

MSA Web Form