

**Check one please:** 

New Member

## Association of Track Officials of Michigan

Use by Treasurer only

Ck#

PD \$

Christine Lee, Treasurer 7140 Lincoln St, Brown City, MI 48416 810-346-2492

christinejlee10@yahoo.com

Former Member

			ATOM Zone #  MHSAA ID #		
Address					
City	State		Zip		
•			*		
Home Phone	Cell		Work		
Preferred Email					
ewsletter online resou			fers an annual clinic, a		
rganization whose goal ountry and track & fiel	is to improve the	ortunity to get in quality of officia	volved in a professional ting in the sports of cross tween the track officials		
rganization whose goal ountry and track & fiel n our state and the MHS	is to improve the	ortunity to get in quality of officia ommunication be	volved in a professional ting in the sports of cross tween the track officials		
rganization whose goal	is to improve the d and improve cosAA.	ortunity to get in quality of officia	ed Amount		
rganization whose goal ountry and track & fiel n our state and the MHS Description	is to improve the d and improve cosAA.	ortunity to get in quality of officia ommunication be  Post Marke After Jan.	ed Amount		
rganization whose goal ountry and track & fiel our state and the MHS Description  2024 Membership	is to improve the d and improve of SAA.  FEE:	ortunity to get in quality of officia ommunication be  Post Marke After Jan. 2024	ed Amount 1, Submitted		
rganization whose goal ountry and track & fiel n our state and the MHS	is to improve the d and improve of SAA.  FEE:  \$25.00	Post Market After Jan. 2024 \$30.00	ed Amount Submitted  \$		

Christine Lee, Atom Treasurer

7140 Lincoln St,

Brown City, MI 48416

Current Member

**2024 MEMBERSHIP REGISTRATION FORM** 



## 2024 ATOM CLINIC REGISTRATION

February 2-3 2024 Doherty Hotel

For rooms call (877)236-4378 or (989)386-3441 **Register before January 1**st for discounted fees>

> Christine Lee, Treasurer 7140 Lincoln St, Brown City, MI 48416 810-346-2492

		christinejlee10@yahoo.com				
Check one please:						
New Member	Current Me	mber				
Name			ATOM Zone #			
Preferred Email	MHSAA ID#					
Description 2024 Clinic	FEE: Before Jan 1 \$ 55.00	Post Marked After Jan 1	i	Amount Submitted		
8		Total from Membership Form  Amount Due  Use by Tre  Ck#  PD \$  Date /_	asurer o			

PLEASE include a self-address envelope. Thank-you!