



## Tuition Reimbursement Program-Member (TRPM) Registration Form

AAFMCC Member Name: \_\_\_\_\_

MCC Employee ID: \_\_\_\_\_

AAFMCC Member Address: \_\_\_\_\_

AAFMCC Member Phone: \_\_\_\_\_

AAFMCC Member Personal Email: \_\_\_\_\_

**\*Proof of Registration and Payment must be submitted with this form.\***

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

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

Institution Phone Number: \_\_\_\_\_

Course Title & Course Number: \_\_\_\_\_

Semester (*select one*):            Fall                      Winter                                      Year: \_\_\_\_\_

Course Start Date: \_\_\_\_\_                      Course End Date: \_\_\_\_\_

AAFMCC Member Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Within ten days of the course start date, submit this form, **along with proof of registration and payment**,  
via mail:

P.O. Box 183017 Shelby Twp., MI 48317

Or email to Jeff Kass:

[aafmccvp@gmail.com](mailto:aafmccvp@gmail.com) (*please put TRPM registration form in the subject line.*)

### **Questions?**

Contact Jeff Kass at [aafmccvp@gmail.com](mailto:aafmccvp@gmail.com) or 313-680-6434

[www.aafmcc.org](http://www.aafmcc.org)