

Please complete & detach registration card

Name: _____ Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____

E-mail address: _____

Number of vehicles to enroll: _____

Send notifications to: (if different than above)

Name: _____ Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____

E-mail address: _____

I/we wish to participate in the STOPPED program, offered by the Van Buren County Sheriff's office. I/we fully understand that notification will be mailed when an enrolled vehicle operated by a driver under the age of 21 is stopped by law enforcement.

Signature: _____

Mail completed registration card in an envelope and mail to Michigan Sheriffs' Association, 515 N. Capitol Ave., Lansing, MI 48933

Take the first step—Register today!