



18645 Canal Rd., Suite 4
Clinton Twp., MI 48038
Phone: 586.790.7810
Fax: 586.790.7929

APPLICATION FOR MEMBERSHIP
ASSOCIATE MEMBER

Date _____

Contact _____

Type of Business

Name of Company _____

Address

City _____ State _____ Zip _____

Phone #

Fax #

E-Mail

Website

Additional Contacts to be listed in the Resource Guide — list on back of form

A \$25 fee will apply for additional Locations to be listed in the Resource Guide list on back of form

\$ 500 _____ ASSOCIATE MEMBERSHIP FEE

Additional Location listed in R.G. - \$25 fee

Total Enclosed payable to MCSIGA

Signature of Applicant _____

Complete form and return with membership fee to:

Michelle Mage
MCSIGA
18645 Canal Rd., Suite #4
Clinton Twp., MI 48038
mmage@camcomp.net

Additional Contacts

Name _____

Email _____

Phone#

Name _____

Email _____

Phone#

Name _____

Email _____

Phone#

Additional Locations

Contact

Email _____

Phone _____

Address _____



City _____ State _____ Zip _____

Contact

Email _____

Phone _____

Address _____

City _____ State _____ Zip _____

