



# MAC Corporate Partnership Program

## Membership Application

### Company Info

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Website \_\_\_\_\_

### Primary Contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

### Secondary Contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

### Participation Level

Premier \$25,000     Executive \$15,000     Associate \$5,000

### Payment Method

Check\*     Send Invoice     Credit Card

Cardholder's Name \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

*\*Make all checks payable to Michigan Association of Counties*

By signing this application you are approving the terms of the agreement and authorizing the Michigan Association of Counties to charge the payment method you provided which represents a full fiscal year commitment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For questions, contact Robbie Bendorf, partner consultant, at 916-616-0564 or bendorf@macservcorp.com.