



MAC Corporate Partnership Program *Membership Application*

Company Info

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 Executive Director Stephan Currie at 517-372-5374 or scurrie@micounties.org