MAC
MICHIGAN ASSOCIATION OF COUNTIES

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

☐ **Associate** $6,000

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.