



Michigan Association of County Administrative Officers
110 W. Michigan Ave., Ste. 200
Lansing, MI 48933
517-372-5374

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please Type or Print:

1. Last Name _____ First Name _____ Initial _____
2. Title _____
3. Business Name _____
4. Business Address _____
City _____ State _____ Zip _____
5. Phone (____) _____ Fax Number (____) _____
6. Email Address _____
7. Please identify the products or services your business markets to public entities: _____

Please list any other public organizations of which you are also a member/associate member:

8. I acknowledge this application is subject to approval of the MACAO Board of Directors and is discretionary for membership approval. Upon notification of approval, membership payment is due within thirty (30) days.

Associate Member Annual Due: (\$190.00)

Signature _____ Date _____

Please return this form and your check made payable to:
MICHIGAN ASSOCIATION OF COUNTY ADMINISTRATIVE OFFICERS
110 W. Michigan Ave., Suite 200, Lansing, MI 48933, 517-372-5374

1. Article 3 of the Association's Constitution and By-laws defines eligible members. If a question of eligibility arises, an applicant's membership fee and form will be held until the President and/or Board of Directors determine eligibility.