

2018 MIACCA MEMBERSHIP APPLICATION

Representative Information

Name:	Title:
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Company Information

Company Name:

Address:

City:	State:	ZIP Code:
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Contractor of Record:	MI License #:
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Email:	Website:
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Phone:	Cell:	Fax:
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Additional Contacts to receive informational updates:

Name:	Email:
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Name:	Email:
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Name:	Email:
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Applicant Attestation: Applicants attest to being properly licensed by the State of Michigan; financially sound at the time of application; operating as a business entity either under the laws of Michigan, the United States or other state thereof; and have a business location within Michigan as appropriate.

Signature of Applicant:	Date:
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Annual Dues

Contractor Membership: 'MIACCA Only' is membership only in state association. 'Dual Membership' is joining both MIACCA & SEMIACCA at a discounted rate.	<input type="checkbox"/> MIACCA Only \$300 <input type="checkbox"/> Dual Membership \$400
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Associate Membership:	<input type="checkbox"/> Gold - \$1350 <input type="checkbox"/> Silver - \$995 <input type="checkbox"/> Bronze - \$420
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Individual Membership:	<input type="checkbox"/> \$25 Student <input type="checkbox"/> \$100 Vocational
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Payment Information

Pay Online: www.MIACCA.org

Pay by Credit Card: Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
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Card Number:	Name:
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Expiration:	CVC:	Zip:
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By signing below, I authorize MIACCA to charge the above card for the amount of dues indicated above.