

**Business/Consultant Name** (as it should appear in all publications): \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Areas/Categories of Service:** \_\_\_\_\_

- Regions:**
- |                                       |  |                                       |                                       |
|---------------------------------------|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ALL          | <input type="checkbox"/> International   | <input type="checkbox"/> Nationwide   | <input type="checkbox"/> Statewide MI |
| <input type="checkbox"/> Southeast MI | <input type="checkbox"/> Southwest MI    | <input type="checkbox"/> Northwest MI | <input type="checkbox"/> Northeast MI |
| <input type="checkbox"/> Central MI   | <input type="checkbox"/> Upper Peninsula |                                       |                                       |

- Annual Membership Dues:**
- Basic: \$250
  - Deluxe: \$500
  - Premier: \$1000

**Payment Method**

Check enclosed, payable to MNA \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Send application and payment to Michigan Nonprofit Association, P.O. Box 771958, Detroit, MI, 48277-1958