



43636 Woodward Ave, Suite #400  
Bloomfield Hills MI, 48302  
Phone: 586.790.7810  
Fax: 586.790.7929

APPLICATION FOR MEMBERSHIP  
ASSOCIATE MEMBER

Date\_\_\_\_\_

Contact\_\_\_\_\_

Type of Business

\_\_\_\_\_

Name of Company\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone #

Fax #

\_\_\_\_\_

E-Mail

\_\_\_\_\_

Website

\_\_\_\_\_

Additional Contacts to be listed in the Resource Guide — list on back of form

A \$25 fee will apply for additional Locations to be listed in the Resource Guide list on back of form

\$ 500 ASSOCIATE MEMBERSHIP FEE

Additional Location listed in R.G. - \$25 fee

Total Enclosed payable to MCSIGA

Signature of Applicant\_\_\_\_\_

Complete form and return with membership fee to:

Michelle Mage  
MCSIGA  
43636 Woodward Ave, Suite #400  
Bloomfield Hills MI, 48302  
[mmage@camcomp.net](mailto:mmage@camcomp.net)

Additional Contacts

Name\_\_\_\_\_

Email\_\_\_\_\_

Phone#  
\_\_\_\_\_

Name\_\_\_\_\_

Email\_\_\_\_\_

Phone#  
\_\_\_\_\_

Name\_\_\_\_\_

Email\_\_\_\_\_

Phone#  
\_\_\_\_\_

Additional Locations

Contact  
\_\_\_\_\_

Email\_\_\_\_\_

Phone\_\_\_\_\_

Address\_\_\_\_\_

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City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Contact

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Email \_\_\_\_\_

Phone\_\_\_\_\_

Address\_\_\_\_\_

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City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_