



APPLICATION FOR MEMBERSHIP
VOTING MEMBER

Date _____

Applicant _____

Name of Fund _____

Address _____

Phone # _____ Fax # _____ E-Mail _____

Fund Administrator (if different from applicant) _____

Date Fund Established _____ Current Renewal date _____

No. of Members _____ Annual Standard Premium _____

Service Company _____

Excess Insurance Carrier _____

__\$850__ MEMBERSHIP FEE - payable to MCSIGA, attached.

Signature of Applicant _____

Complete from and return with membership fee to:

Michelle Mage
43636 Woodward Ave Suite #400
Bloomfield Hills, MI 48302
mmage@camcomp.net