



Michigan Nonprofit Association

Consultant/Business Member Application

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:

- ALL
- Southeast MI
- Central MI
- International
- Southwest MI
- Upper Peninsula
- Nationwide
- Northwest MI
- Statewide-MI
- Northeast MI

- Annual Membership Dues:**
- Basic: \$250 (Individual Consultant)
 - Deluxe: \$500 (Small to Mid-Size Business)
 - Premier: \$1000 (Large Firm or Corporation)

Payment Method

Check enclosed, payable to MNA \$ _____

Card Number: _____ Exp. Date: _____

Name on card: _____ Billing Zip: _____

Signature: _____