

MEMBERSHIP APPLICATION

Organization Contact Information

Organization name:		Representative:		
Address:	City	State	Zip	County
Email:		Website:		
Phone No. 1:		Phone No. 2:		

Additional individuals within your organization to receive our communications

Name and Email:	Name and Email:
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Membership

****Membership Dues are \$300 annually for both Charities and Room Operators****

Membership Type:	Charity	Room Operator
New or Renewal Membership:	New	Renewal
Payment Information:	Payment Enclosed	Send Invoice
Referring Organization if any:		

Mail completed Application form and Payment to :	Michigan Charitable Gaming Association 201 Townsend Street, Suite 900 Lansing, MI 48933
OR Email completed Application form to :	membership@micga.org
Contact us with any questions:	(517) 374-9134 OR membership@micga.org

For Internal Use Only

Received: date
 FM: date
 CC: date
 Receipt emailed: date