

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 (Supplier or Location)
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
208 N. Capitol Ave., 3rd Fl
Lansing, MI 48933

OR Email completed Application form to : membership@micga.org

Contact us with any questions: (517) 299-0080 OR membership@micga.org

For Internal Use Only

Received: date
Neon: date
CC: date
Receipt emailed: date