

# 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  
824 North Capitol Avenue  
Lansing, MI 48906

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

Contact us with any questions: (517) 253-0897 OR membership@micga.org

*For Internal Use Only*

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