



# 2021

## Macomb County Heritage Alliance Membership Form

To become a NEW member or to RENEW your membership, please complete **BOTH SIDES** of this form and return it along with your dues by **March 31, 2021**.

### Types of Membership

Organizational Memberships: One-year membership. Select one category based on the annual income of your organization. Your organization must appoint one designated voting representative.

\_\_\_\_\_ \$30.00 - Organizational Level I (\$0 to \$25,000 Income)

\_\_\_\_\_ \$75.00 - Organizational Level II (\$25,001 to \$100,000 income)

\_\_\_\_\_ \$100.00 - Organizational Level III (over \$100,000 income)

Individual Memberships: One-year membership.

\_\_\_\_\_ \$30.00 - For individuals. Individual members are their own group for voting purposes.

### Organization or Individual:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Org Web Site/Facebook/Twitter URL: \_\_\_\_\_

Org Email: \_\_\_\_\_ Org Phone: \_\_\_\_\_

### President of Organization:

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Voting Representative (For organization only):

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please make your check payable to MCHA and mail with this form to the address below by March 31, 2021

**Macomb County Heritage Alliance (MCHA)**

**P.O. Box 380103**

**Clinton Twp., MI 48038**

**Primary Contact** (NOTE: In the box, place a "P" if all information can be made public; a "M" if it can be provided to other Members organizations only; "B" if for Board use only):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

**Secondary Contacts (See note above):** (Organization members who wish to receive MCHA communication. Attach a second page if necessary.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

**Help the MCHA help YOU** by serving on a: **Committee (C)** (1 day to several months duration) or on the **Board (B)** (2-year term). **Please provide contact information and appropriate letter (s) in box.** (Attach a second page if necessary)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone numbers: \_\_\_\_\_