



2026

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, 2026.

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

Method of Payment

☐ **PayPal** (link on our website) Transaction Number _____

☐ **Check** (made out to MCHA) Number _____

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: _____

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: _____