

BUSINESS MEMBERSHIP APPLICATION

MICHIGAN BUSINESS & PROFESSIONAL ASSOCIATION • MICHIGAN FOOD & BEVERAGE ASSOCIATION

Company Name		Date	Please check one: <input type="checkbox"/> MBPA <input type="checkbox"/> MFBA	
Representative's First Name		Last Name		
Title		E-mail (required)		
Web Site Address		Phone	Fax (required)	
Address 1		State	Zip	# of Locations
City		# Employees - Full-time/Part-time		Year Company Started
SIC Code/Industry	Is this a family owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No	How would you like us to communicate with you? (check all that apply) <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Phone		
Tell us about your business and what services you provide. _____				
What type of clients/customers are you looking for? _____				
What part of running your business is your greatest challenge or causes you the most pain? _____				

MEMBERS HELPING MEMBERS™

Yes, we would like to receive this helpful resource listing of a few other members in our area twice a year at *no charge*.

Yes, we would like to join the MHM™ discount program at *no charge*.

* Products/services you are willing to discount to other members: _____

* Explain the discount you are willing to offer: _____

Yes, we have a special need, such as an asset for sale, job opening, product need, etc. Please explain what you would like to publicize to other members if space is available: _____

PLEASE INDICATE YOUR DESIRED TYPE OF MEMBERSHIP.

Annual Membership Dues: \$100 - 1-25 Employees \$200 - 26-100 Employees
 \$300 - Corporate - 100+ Employees \$25 - Individual Membership* (students, individuals, retirees or unemployed, has limited benefits)

Seven dollars of membership dues will apply to an annual subscription to Corp! the magazine dedicated to Michigan business.

Check here to be removed from circulation, remove \$7 from above dues level.

*Individual level members do not receive Corp! as part of dues.

Type of Payment Check/Money Order payable to MBPA or MFBA VISA MasterCard

Card # _____ Exp. Date _____ Signature _____

INSURANCE INFORMATION

Please ensure MBPA/MFBA is noted on all BCBSM or BCN enrollment documents, use cluster/association code "AL". This will help ensure the member is put in our sponsored group plan.

Name, Selling Agent _____ Managing Agent _____

Free Summary Plan Description Free POP/Section 125 COBRA Deductible Insurance Free HSA Bank Account

BCBS BCN KeyGap Other _____ SIC Code _____

Group No. _____ Effective Date _____

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