



Membership Application

Organization Information

Organization Name: \_\_\_\_\_ # of employees
Address: \_\_\_\_\_ Street Address Suite/Unit #
City State ZIP Code

Primary Contacts – for Council

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Professional Title: \_\_\_\_\_ Email: \_\_\_\_\_
Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Professional Title: \_\_\_\_\_ Email: \_\_\_\_\_

Primary HR Contacts – for Workforce Group

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Professional Title: \_\_\_\_\_ Email: \_\_\_\_\_
Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Professional Title: \_\_\_\_\_ Email: \_\_\_\_\_

Membership Type – Please select ONE

- Manufacturing Company with under 20 employees - \$750 Annual Dues
Manufacturing Company with 21-50 employees - \$1,500 Annual Dues
Manufacturing Company with 51-100employees - \$2,500 Annual Dues
Manufacturing Company with over 100 employees - \$4,000 Annual Dues

Your payment is tax-deductible as a payment to a local unit of government under PA-7.
Receipt will be provided. Our tax number (EIN) is 38-2481244.

Payment Method

- Check Enclosed - Make checks payable to: Capital Area Michigan Works!
Invoice Needed
Credit Card Payment – An email invoice will be sent allowing you to securely pay by credit card.

Return completed application to:

Michelle Cordano
Capital Area Manufacturing Council
2110 S. Cedar Street
Lansing, MI 48910

Phone: (517) 492-5588
Fax: (517) 487-0113
Email: mcordano@camw.net