



Content provided by Capital Area Manufacturing Council.  
 Visit us on the web at <http://www.camconline.org>.  
 2110 S. Cedar Street Lansing, MI 48910 517.492.5588

## Capital Area Manufacturing Council Membership Form

COMPANY:  WEBSITE:   
 PHONE:  FAX:   
 STREET ADDRESS:  ADDRESS 2:   
 CITY:  COUNTY:   
 STATE:   
 ZIP:

FULL NAME:	TITLE:	EMAIL:	PHONE:	CODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> E
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> E
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> E
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> E
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> E

Code Key: P = Primary Contact, D = List in Directory, M = Receives Mail, E = Put on Email List

COMPANY DESCRIPTION:

FOREIGN-OWNED? MAJORITY  PARTIALLY

EXPORT GOODS?

AUTOMOTIVE SUPPLIER?

PRODUCTION UNIONIZED?

UNION NAME:

FOUNDED:

NO. EMPLOYEES:

PRODUCTS MADE:

SERVICES PROVIDED:

GENERAL  
COMMENTS:

REFERRED BY:

Select membership type:

Manufacturer or Manufacturing-Related Company (see annual dues below)

\$150 – under 10 employees

\$250 – 10-19 employees

\$300 + \$1 per employee – for 20 or more (\$600 max up to 1500 employees)

Firms with 1,500+ employees should contact CAMC

If interested in membership as a “related company” (firms demonstrating a strong, direct relationship to manufacturing may be approved for full membership), the “provide invoice” payment method is recommended.

Enter NAICS  or SIC  code if known

Associate Membership - \$450 annually

Indicate Payment Amount and Method:

Enter Amount: \$

Check/Money Order (payable to Capital Area Michigan Works)

Provide Invoice

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send payment to:

**CAMC C/O Capital Area Michigan Works!**  
**2110 South Cedar Street**  
**Lansing, MI 48910**