



Membership Application

I hereby submit an application for membership to the WMMCA. If accepted, I agree to abide by the By-Laws of the Association.

(A copy of our By-Laws are available by written request to WMMCA.)

I have indicated my choice of membership below and herewith tender my cash, check, or money order payment of \$_____ for the first year's dues.

Please check one:

- New Regular Member \$200.00
- New /Interim Member \$100.00*
- Associate Member \$300.00
- Corporate Member \$500.00

* New Member Discount Rate for new Regular/Interim members only.

Company Name: _____
Address: _____
Type of Business: _____
Contact Name: _____
Title: _____
Email: _____
Phone: _____
Fax: _____

M/WBE Certifications (Required for Regular Membership)

Please attach copies of current M/WBE certification(s)

NOTE: Dues may be refundable for DBE's certified by M-DOT. Contact M-DOT for further details.

NOTE: A portion of your dues may be tax deductible. Please check

Return application and payment to:

WMMCA • 580 Cascade W. Parkway • Grand Rapids, MI 49546