



## 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