

MEMBERSHIP APPLICATION

Business/Organization Name:			
Address:			
City:		State:	Zip Code:
Point of Contact:			
Office Phone:		Cell Phone:	
Fax:		Email:	
Website:			

TYPE OF MEMBERSHIP	REQUIRED INFORMATION	FEE	SELECTION
New Individual Member	Please provide proof of minority certification with the Mississippi Development Authority. Please email or fax a copy of this application plus your minority certification to info@mcami.org or (601) 957- 8305.	\$300.00	<input type="checkbox"/>
Renewing Member	Member Since _____(Date)	\$300.00	<input type="checkbox"/>
New Organization Member	Please mail this application. Dues are payable in the 1 st quarter of every year. If joining after the 1 st quarter, dues are due upon submission of application.	\$750.00	<input type="checkbox"/>
New Supporting Institutional, Corporate or Government Member	Please mail this application. Dues are payable in the 1 st quarter of every year. If joining after the 1 st quarter, dues are due upon submission of application.	\$1000.00	<input type="checkbox"/>

Make Check Payable to: MCAMI, Inc.

