



Membership Application

Institutional/Organization Information

Date: _____

Name of Institution or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Web site address: <http://www.> _____

Main Contact Person: _____

Reason for request: _____

Application for Membership

Last Name: _____

Phone: _____

First Name: _____

Fax: _____

Title: _____

e-mail: _____

Name of Institution or Organization: _____

Type of Membership Request

Institutional

Affiliate

Individual

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

When completed with application please email to: adamskia@macomb.edu

MACRAO Use Only

Council for Higher Education Association

Yes

No

Michigan Department of Energy, Labor & Economic Growth

Yes

No

Membership Coordinator: _____

Date: _____

MACRAO President: _____

Date: _____

Treasurer: _____

Date: _____

Approved by Executive Committee

Date Approved: _____

Membership Dues paid

Date Approved: _____

Type of membership approved

Institutional Yes No

Affiliate Yes No

Individual Yes No