



MPC Partner Membership Application

Date:

County:

Municipal official authorizing and verifying this Port's membership information:

Last Name:

First Name:

Affiliation:

Title:

Email(s):

Work Phone:

Mobile Phone:

Mailing Address

Street:

City:

State:

Zip:

____ Attached is a copy of an authorizing resolution adopted by the Port municipality's governing board (optional)

MPC Partner Member Voting Representatives

(One designee, maximum two alternates)

Designated Partner Member Voting Representative

Last Name:
First Name:
Affiliation:
Title:
Email(s):
Work Phone:
Mobile Phone:
Mailing Address
Street:
City:
State:
Zip:

Alternate 1 Partner Member Voting Representative

Last Name:
First Name:
Affiliation:
Title:
Email(s):
Work Phone:
Mobile Phone:
Mailing Address
Street:
City:
State:
Zip:

Alternate 2 Partner Member Voting Representative

Last Name:
First Name:
Affiliation:
Title:
Email(s):
Work Phone:
Mobile Phone:
Mailing Address
Street:
City:
State:
Zip:

2013 Partner Membership Dues: \$100.00

Please mail this completed form and payment to:
Michigan Port Collaborative
Post Office Box 80686
Lansing, Michigan 48908-0686

For further information, contact:
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