



Michigan Grocers Association 2010 Associate Membership Dues Rates & Payment Information

Manufacturers, Brokers, Distributors, Equipment and Service Suppliers

- Less than 3 employees in Michigan \$ 400.00
- 3 or more employees in Michigan \$ 700.00
- Sales & Marketing Agencies \$ 1,000.00

Full-Line Wholesalers

- Up to \$30 Million \$ 850.00
- \$30 - \$60 Million \$ 1,150.00
- \$60 - \$90 Million \$ 1,350.00
- \$90 - \$400 Million \$ 2,350.00
- More than \$400 Million \$ 3,250.00

Trade Assns., Government Agencies, Educational Institutions, TV/Radio/Media and Food Industry Retirees

- AFFILIATE MEMBER \$ 85.00

Membership dues to the Michigan Grocers Association are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of the organization's lobbying activities. Pursuant to changes made by the 1993 Tax Act, 15% of membership dues for 2010 are not deductible for federal income tax purposes.

Payment Information

- Enclosed is my check for 2010 MGA Membership Dues.
- Please charge to my (check one) ___VISA ___Mastercard ___Discover ___AMEX

Card Number _____

*Street Number _____ *Zip Code _____ 3 Digit Security Code _____ (on back of card)

*From billing address of credit card _____ (AMEX - 4 digit front of card)

Expiration Date _____
SIGNATURE (required) _____

**RETURN THIS PAGE, THE COMPLETED MEMBER APPLICATION AND YOUR PAYMENT TO:
Michigan Grocers Association - 221 N Walnut Street - Lansing, MI 48933-1121.**

If paying by credit card, you may fax this information to MGA at 517.372.3002.



Michigan Grocers Association
 221 North Walnut Street
 Lansing, Michigan 48933-1121
 Phone: (517) 372-6800 or
 (800) 947-6237
 Fax: (517) 372-3002
 www.michiangrocers.org

2010 Associate Member Application

COMPANY NAME: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Preferred Mailing & Billing Address (if different from above): _____

Phone: (_____) _____ Fax: (_____) _____

Toll Free # (_____) _____

Primary Contact: _____ Title: _____

Website: _____ email: _____

I hereby authorize MGA to contact me using the mailing address, fax number and/or email provided above.

SIGNATURE: _____

Vital Statistics

Please answer all questions thoroughly and accurately.

Type of business:

Manufacturer Full-Line Wholesaler Other: _____

Sales & Mkt Agency Specialty Distributor

Equipment Supplier Professional, Financial or Service Provider

① Year Business was founded:

② Number of employees in Michigan: Full-Time Part-Time

③ Please give a brief description of products or services (for membership directory): _____

Mailing Lists

The primary contact person listed above automatically receives all MGA mailings. However, if there are additional individuals at your company who should receive their own copy of MGA mailings and/or a copy of the Michigan Food News, please indicate their names below. **If address is different than listed above, please attach a separate list that includes individual's name, title, mailing address, email, phone and fax.**



NAME	TITLE	Please <input checked="" type="checkbox"/> to receive:	
		Food News	Other Mailings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this completed form to Michigan Grocers Association.
 Questions? Call us at (800) 947-6237 x 20.