



michigan municipal league

Business Alliance Program Application for New Enrollment

To enroll: If paying by CHECK, mail this completed form, along with your check payable to the Michigan Municipal League, P.O. Box 7409, Ann Arbor, MI 48107-7409.

If paying by CREDIT CARD, fax this completed form, including the credit card information, to our secure fax at 734-627-6884.

Participation in The Alliance does not constitute a Michigan Municipal League endorsement of the firm or the products or services offered. The Michigan Municipal League reserves the right to accept or reject any applicant, at the Executive Director's discretion, in the best interests of the Michigan Municipal League.

Period of enrollment: The League's Business Alliance Program operates on a July 1 through June 30 enrollment period. Annual renewal notices are mailed in April. Mid-year enrollment is pro-rated to the nearest quarter (July 1, October 1, January 1, April 1) and requires payment for the following years enrollment.

Enrollment Date:

- July 1
- October 1 (multiply fee by .75)
- January 1 (multiply fee by .50)
- April 1 (multiply fee by .25)

Level of Participation:

- Signature Elite – \$25,000
- Premier – \$5,000
- Core – \$2,500
- Basic – \$1,000

Payment Method:

Check Enclosed – Check #: _____

Visa/MC/AmX #: _____

Exp. Date: _____ CSC#: _____

Name on Card: _____

Signature: _____

Amount Due: _____

If enrolling effective October 1 or after, you must also prepay the following years full enrollment.

Firm or organization: _____

Person to receive marketing mailings and correspondence:

Title:

Street address:

City:

State:

Zip:

Daytime phone: ()

Fax: ()

Website:

Email address:

Service Areas: (Circle the primary area and check additional secondary service areas.):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Architects | <input type="checkbox"/> Equipment Supplier | <input type="checkbox"/> Planning & Zoning Consultants | <input type="checkbox"/> Other - _____ |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Financial Services/Advisors | <input type="checkbox"/> Recreation Supplier & Consultants | <input type="checkbox"/> Other - _____ |
| <input type="checkbox"/> Billing Service | <input type="checkbox"/> Human Resource Consultants | <input type="checkbox"/> Software | <input type="checkbox"/> Other - _____ |
| <input type="checkbox"/> Benefits Consulting | <input type="checkbox"/> Information Technology Consultants | <input type="checkbox"/> Solid Waste/Recycling | <input type="checkbox"/> Other - _____ |
| <input type="checkbox"/> Computer Consultants | <input type="checkbox"/> Landscape Architects | <input type="checkbox"/> Surveying | <input type="checkbox"/> Other - _____ |
| <input type="checkbox"/> Downtown/Economic Development | <input type="checkbox"/> Land Use Consultants | <input type="checkbox"/> Traffic & Transportation | <input type="checkbox"/> Other - _____ |
| <input type="checkbox"/> Engineers & Engineering | <input type="checkbox"/> Management Consultants | <input type="checkbox"/> Water & Wastewater | |
| <input type="checkbox"/> Environmental Consultants | <input type="checkbox"/> Ordinance Codification | | |

Description of your services or products (25-75 words). Can also be emailed to rpotts@mml.org

**Please use the next page to list the people you want to receive
The Review magazine and copies of the *Directory of Michigan Municipal Officials*.**

Firm or organization:

o **Signature Elite: \$25,000**

- 6 subscriptions to *The Review*
- 6 copies *Directory of Michigan Municipal Officials*

o **Premier: \$5,000**

- 6 subscriptions to *The Review*
- 6 copies *Directory of Michigan Municipal Officials*

o **Core: \$2,500**

- 4 subscriptions to *The Review*
- 4 copies *Directory of Michigan Municipal Officials*

o **Basic: \$1,000**

- 2 subscriptions to *The Review*
- 2 copies *Directory of Michigan Municipal Officials*

People to receive Alliance benefit mailings:

1) This person should receive: The Review League Directory of Municipal Officials

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Daytime Telephone: _____ Fax: _____

2) This person should receive: The Review League Directory of Municipal Officials

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Daytime Telephone: _____ Fax: _____

3) This person should receive: The Review League Directory of Municipal Officials

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Daytime Telephone: _____ Fax: _____

4) This person should receive: The Review League Directory of Municipal Officials

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Daytime Telephone: _____ Fax: _____

5) This person should receive: The Review League Directory of Municipal Officials

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Daytime Telephone: _____ Fax: _____

6) This person should receive: The Review League Directory of Municipal Officials

Title: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Daytime Telephone: _____ Fax: _____