

MTA Allied Service Provider Application

Our company wishes to apply as an Allied Service Provider, a marketing program offered through the Michigan Townships Association. By signing below, our company acknowledges and agrees to the following: (1) participation in the program does not constitute or imply an endorsement by the Michigan Townships Association of our company or its products/services; (2) enrollment in the program is for a period of 12 months (which commences with acceptance of the application), and is renewable on an annual basis, provided no material complaints from member townships against the participating vendor have been received by MTA; (3) if MTA receives complaints from member townships about an Allied Service Provider, the participating vendor will be notified of the complaints and given the opportunity to address the situation. Should MTA not be satisfied with the explanation, the vendor will be removed from the program and all associated benefits shall cease; and (4) MTA reserves the right to change benefits and rates; however, MTA will honor any benefit/rate agreements made with an Allied Service Provider during the remainder of their contract year.

All applications must be accompanied by payment. Please allow up to three weeks for MTA to process your application. Upon enrollment, Allied Service Providers will receive a notification letter and welcome kit.

Authorized Signature and Title

Date

Company Name (please indicate how you wish your company to be acknowledged in print)

Main Contact (point person at your company)

Title

Address

City/State/Zip

Phone

Fax

E-mail Address

Company Web Site

Level & Associated Annual Fee (covers a 12-month period; may enroll at any time during the year)

President's Round Table (\$10,000) Leadership Circle (\$5,000) Keystone Club (\$2,000)

Please indicate how payment is being made:

Check (payable to MTA)

Charge to: MasterCard VISA

Card #

Expires

Print Cardholder's Name

Signature



(Over)

If applying for membership in the President's Round Table or Leadership Circle, please list the names & addresses of representatives (other than the main contact) where complimentary copies of the *Michigan Township News* and the *Michigan Township Officials Directory* should be sent. (NOTE: The President's Round Table may receive a total of five subscriptions; Leadership Circle receives a total of two.)

Name Title

Address City/State/Zip

Name Title

Address City/State/Zip

Name Title

Address City/State/Zip

Name Title

Address City/State/Zip

Please indicate the principal products and/or services provided by your company:

Please describe your business (limit to 75 words/characters; attach another sheet if needed):

Please e-mail your company logo, as you wish it to appear, to: debra@michigantownships.org or send a camera-ready, black-and-white copy along with this application.

Submit completed form to:

Michigan Townships Association, P.O. Box 80078, Lansing, MI 48908-0078
For faster service, fax to: (517) 321-8908, Attn.: Debra McGuire, CAE, IOM