

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) 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 (3) MTA reserves the right to change benefits and rates.

All applications must be accompanied by payment. Please allow up to two 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

Email Address

Company Website

Level & Associated Annual Fee (MTA Allied Service Provider program operates on a July 1 through June 30 enrollment period. Annual renewal notices are emailed in May. Mid-year enrollment is pro-rated to the nearest quarter (July 1, October 1, January 1, April 1 **).

Enrollment Date:

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

- President's Roundtable (\$10,000)
- Leadership Circle (\$5,000)
- Keystone Club (\$2,500)

** If enrolling with an April 1 effective date, you must enroll for the next full enrollment year.

Please indicate how payment is being made:

Check (payable to MTA)

Charge to: MasterCard VISA

Card #

Expiration Date

Print Cardholder's Name

Signature

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

The following information will be used in the Allied Service Provider index online.

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

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

Please email your company logo to ashley@michigantownships.org.

Submit completed form to:

Michigan Townships Association, P.O. Box 80078, Lansing, MI 48908-0078

For faster service, email to ashley@michigantownships.org or fax to (517) 321-8908, Attn.: Ashley Maher