



Membership Form

Business Name _____

Name of Owner or CEO _____

Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

____ I wish to join Mackinac Associates at the annual corporate rate of \$25,000.

____ I wish to make an additional gift to the Mackinac Associates Education Endowment Fund which supports classroom history programs for children throughout the State of Michigan in the amount of \$_____.

Total Enclosed: _____

Make checks out to "*Mackinac Associates*".

Mackinac Associates is a 501(c)3 non-profit organization that supports programs at Mackinac State Historic Parks. In addition to membership, which provides a variety of benefits, corporations may also provide support through event or exhibit sponsorships, promotional or advertising materials and in-kind gifts. For additional information on giving opportunities and gift recognition contact:

Phil Porter, Director Mackinac State Historic Parks (906)847-3328 or email porterp@michigan.gov

Diane Dombroski, Membership/Grants Coordinator (231)436-4100 or email dombroskid1@michigan.gov

Mackinac Associates

P.O. Box 567

Mackinaw City, MI 49701