



MEMBERSHIP FORM

Name(s) of member(s) for membership card(s)

Mr. Mrs. Ms. Dr. Other _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Cell) _____

Email _____

Is this a gift membership?

Yes No If yes, please provide donor name and address of donor

Name _____

Street Address _____

City _____ State _____ Zip _____

Membership Category

- | | |
|---|--|
| <input type="checkbox"/> Friend \$70 | <input type="checkbox"/> Commandant's Circle \$650 |
| <input type="checkbox"/> Mackinac Heritage \$85 | <input type="checkbox"/> Steward \$1,000 |
| <input type="checkbox"/> Voyageur \$95 | <input type="checkbox"/> Guardian \$2,500 |
| <input type="checkbox"/> Sentinel \$200 | <input type="checkbox"/> Patron \$5,000 |
| <input type="checkbox"/> Explorer \$400 | <input type="checkbox"/> Benefactor \$10,000 |

I wish to make an additional, unrestricted donation in support of Mackinac State Park Historic Programs.

Donation amount: _____

I wish to make an additional donation to the Mackinac Associates Education Endowment Fund.

Donation amount: _____

Total Enclosed _____

Check Enclosed *Payable to Mackinac Associates*

Credit Card

Card Number _____ Exp. Date _____ CVV Code _____

Cardholder Name _____ Signature _____

Mail this form and your payment to: Mackinac Associates, P.O. Box 567, Mackinaw City, MI 49701

For additional information contact: (231) 436-4100 or walkm1@michigan.gov