



MEMBERSHIP FORM

DATE: _____

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
Send membership packet to Donor Gift Recipient

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Membership Category (All memberships are for one full year, except for Heritage)

- Mackinac Heritage \$85 (Season pass only, does not include special events, expires 10/31 of each year)
- Friend \$70
- Steward \$1,000
- Voyageur \$95
- Guardian \$2,500
- Sentinel \$200
- Patron \$5,000
- Explorer \$400
- Benefactor \$10,000
- Commandant's Circle \$650

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