



New Member Application – Change of Information Form

This Information Is: a New Submission an Update

Organization: _____ # of Full Time Employee's (FTE): _____
 Main Address: _____

 City: _____ State: _____ Zip: _____
 Phone Number: _____ Fax: _____
 E-Mail: _____ Web-Site: _____

1. Check one that applies:

- Government/State Healthcare Higher Ed Library K-12
 Religious/Charitable Public Sector Financial Other _____

2. What is your primary reason(s) for participating in the MiCTA programs?

3. How did you hear about MiCTA?

4. Are you a Non-Profit?: 501c3 501c6 or Other: _____

Primary Contact: _____ E-Mail: _____
 Title: _____ Department: _____
 Phone Number: _____ Fax: _____
 Address: _____
 Same as Main
 City: _____ State: _____ Zip: _____

Billing/Invoice

Contact: _____ E-Mail: _____
 Title: _____ Department: _____
 Phone Number: _____ Fax: _____
 Address: _____
 Same as Main
 City: _____ State: _____ Zip: _____

Organization: _____

Other Contact: _____ E-Mail: _____
Title: _____ Department: _____
Phone Number: _____ Fax: _____

Address: _____
(Same as Main)
City: _____ State: _____ Zip: _____

Other Contact: _____ E-Mail: _____
Title: _____ Department: _____
Phone Number: _____ Fax: _____

Address: _____
(Same as Main)
City: _____ State: _____ Zip: _____

Mail or fax application with payment to:

MiCTA
515 N. Washington Ave.
Suite 405
Saginaw, MI 48607
Fax: 989-753-2655

Credit Card, Check or Money Orders Excepted

- Annual Membership Fee
- \$100 - Under 300 FTE's*
 - \$200 - Over 300 FTE's*
 - \$400 - ISD, RESD, ESA, ESD** (MI - Only)

*FTE's – Full Time Employee's
Two Part Time Employee's Equals One Full Time Employee.
** Membership will cover all K-12 Schools in your District.

You can also fill out an online application and pay online at www.mictatech.org – by clicking on “Join Now”

Paying by Check or Money Order

Credit Card Payment:

- VISA
- MasterCard
- Discover
- American Express

Card #: _____ - _____ - _____ - _____

Last 3 #'s Off the Back of the Card: _____ Expiration Date: _____ / _____

Name on the Card: _____

Signature: _____

Phone #: _____

Email Receipt to: _____ @ _____