

MICHIGAN PARALYZED VETERANS OF AMERICA CORPORATE MEMBERSHIP APPLICATION

Company Name: _____
 Contact Person: _____
 Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: (____) _____ Fax: (____) _____
 Email: _____
 Website: _____

| | Membership | Annual Fee |
|-----------------------|------------|------------|
| <input type="radio"/> | Non Profit | \$150 |
| <input type="radio"/> | For Profit | \$300 |
| | | |

Note: *All Non-Profit Organizations must submit a copy of organizations 501(c) 3 letter with this form.*

Please return this completed form with your check payable to:
Michigan PVA
46701 Commerce Center Drive
Plymouth, MI 48170

You can also pay your **Annual MVPVA Corporate Membership Fee** via credit card by visiting www.michiganpva.org and clicking on the “Donate Now” button. Be sure to type in “Corporate Membership Fee” under the donation specification labeled “*If you don't see your event, please enter it below.*”

Our Company Paid Via Credit Card at MPVA’s Website on ____/____/____

Signature _____