

Mackinac Associates
Friends Preserving and Sharing Mackinac's Heritage

Membership Form

Names(s) of member(s) for membership card(s):

Mr. Mrs. Ms. Dr. Other _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone/Day _____ Phone/Evening _____

E-mail _____

Is this a gift membership?

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

Name _____

Street Address _____

City _____ State _____ Zip _____

Membership Categories

Mackinac Heritage (\$85)

Friend (\$70)

Voyageur (\$95)

Sentinel (\$200)

Explorer (\$400)

Commandant's Circle (\$650)

Steward (\$1,000)

Guardian (\$2,500)

Benefactor (\$10,000)

Membership Amount _____

I wish to make an additional, **unrestricted** donation in support of Mackinac State Historic Parks programs.

Donation Amount _____

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

Donation Amount _____

Total Enclosed _____

Make checks out to "***Mackinac Associates***". If paying by credit card, please provide the following information:

Visa Mastercard Discover American Express
Credit Card Number _____ Exp. Date _____ Sec. Code _____

Signature _____ Date _____