



**BUSINESS MEMBERSHIP APPLICATION**  
**MICHIGAN BUSINESS & PROFESSIONAL ASSOCIATION**  
**MICHIGAN FOOD & BEVERAGE ASSOCIATION**



Company Name		Date	Please check one: <input type="checkbox"/> MBPA <input type="checkbox"/> MFBA	
Representative's First Name		Last Name		
Title		E-mail (required)		
Web Site Address		Phone	Fax (required)	
Address 1		State	Zip	# of Locations
City		# Employees - Full-time/Part-time		Year Company Started
SIC Code/Industry	Is this a family owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No	How would you like us to communicate with you? (check all that apply) <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Phone		
Tell us about your business and what services you provide. _____				
What type of clients/customers are you looking for? _____				
What part of running your business is your greatest challenge or causes you the most pain? _____				

**PLEASE INDICATE YOUR DESIRED TYPE OF MEMBERSHIP.**

Annual Membership Dues:    \$100 - 1-25 Employees    \$200 - 26-100 Employees  
 \$300 - Corporate - 100+ Employees    \$25 - Individual Membership\* (students, individuals, retirees or unemployed, has limited benefits)

Three dollars of membership dues will apply to an annual subscription to Corp! the magazine dedicated to Michigan business.  
 Check here to be removed from circulation, remove \$3 from above dues level.  
\*Individual level members do not receive Corp! as part of dues.  
 Check here if Agent is waiving referral fee and covering the cost of first year dues using our Voucher Program

Type of Pymt:    Check/Money Order payable to MBPA or MFBA    AmEx    VISA    MasterCard   Card# \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec Code \_\_\_\_\_ Signature \_\_\_\_\_

**INSURANCE INFORMATION**

Please ensure MBPA/MFBA is noted on all BCBSM or BCN enrollment documents, use cluster/association code "AL". This will help ensure the member is put in our sponsored group plan.

Name, Selling Agent Lani Corriveau   Managing Agent \_\_\_\_\_

Free Summary Plan Description    Free POP/Section 125    COBRA    Life or Disability    Free HSA Bank Account

BCBS    BCN    KeyGap    Other \_\_\_\_\_   SIC Code \_\_\_\_\_

Please indicate the type of BCBSM/BCN plan sponsorship:    New Business   or    Rollover (please include a copy of the rollover letter requesting the sponsorship change.)

Group No. \_\_\_\_\_   Effective Date \_\_\_\_\_