

**Michigan Business Development Network  
East Lansing Chapter**

**Membership Application**

**(New Member)**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Title/ Position: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Dues (\$30/Qtr. Or \$100/Yr. if paid in 1<sup>st</sup> Qtr.): \_\_\_\_\_

Initiation Fee (All members must pay this one time fee!) \_\_\_\_\_ \$25 \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

I agree to abide by the criteria and mission statement of the East Lansing Chapter of the Michigan Business Development Network.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax completed form to 517-908-0014 or email it to [heidi@imaginelv.com](mailto:heidi@imaginelv.com).