



2016

APPLICATION FOR MEMBERSHIP

Dues **\$45.00**

(Make check payable to: MICA Atlanta, Inc.)

If paying online,
Email this application to memberships@micalink.org

Your Name (PLEASE Print)

Job Title

Company or Firm Name

Street Address

City, State, Zip Code

(_____) _____ (_____) _____
Company Phone Number Mobile

E-mail address

Approximately what percent of your time involves marketing to the Insurance Industry? _____%

Business growth focus in 2016 is primarily, ☐Local ☐Regional ☐National

MICA exists to promote connections for professionals in the claims arena through volunteer leadership & support opportunities. Interested in volunteering? Please tell us more,

☐ In addition to individual membership, I'm interested in corporate support/sponsorship opportunities

☐ Please include my contact information in the Membership Directory ☐ Subscribe to email updates

I have read & agreed to the MICA Atlanta, Inc. By-Laws,

Applicant Signature

Date

☐ The Individual above is part of _____ Corporate Membership.
(Company Name)