



Michigan Osteopathic Association BUSINESS MEMBER Application

Company name:

Company primary contact person and title:

Company secondary contact person and title:

Address:

Phone:

Fax:

Email:

Website:

Business Member Level:

Bronze \$1,500 **Silver** \$2,500 **Gold** \$3,500

Additional: Percentage of Sales Guaranteed Discount

Product/Service:

Company Description:

**Special Offers, /Discounted Pricing/Special Terms to MOA members
(Please be as specific as possible)**

Coverage Area (state, region, national):

References from associations, membership groups, professionals (3-5):

Company years in service:

Company is a subsidiary of or owned by:

Experience with other professional networks:

For MOA Office use only:

Date of Service Corp meeting for presentation _____
Application complete <input type="checkbox"/>
Materials for presentation received <input type="checkbox"/>
Presented to MOASC Board <input type="checkbox"/> Date _____
Accepted <input type="checkbox"/> Tabled <input type="checkbox"/> Declined <input type="checkbox"/> Business Member notified <input type="checkbox"/>