

Michigan Partners in Crisis  
Organization Membership Form

Name of Organization \_\_\_\_\_

Address:

Street/Bldg \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Website \_\_\_\_\_

Administrative Support Contact Person

Name \_\_\_\_\_

Title \_\_\_\_\_

Office phone \_\_\_\_\_

Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Focus of your organization's advocacy/function

Date \_\_\_\_\_