



# Indian-American Community Services (IACS) Chapter Michigan (MICS) Membership Application Form



### MICS Mission

To provide relief services to Indian-Americans in case of family emergencies or community wide crisis; To connect next Indian-American generation with its roots from ancient India.

**Membership Year:** \_\_\_\_\_

- Annual Membership fee is **\$100**. Lifetime membership fee is **\$1,000**.
- Membership is effective from **January 1 to December 31** (Calendar Year).
- Please make your check payable to: **MICS**
- MICS Tax ID # **85-2340112**.
- You may pay your **Membership Dues** via:
  - **Paypal** on [MICSgroup.org](http://MICSgroup.org) website under **DONATE** button and eMail your completed **Membership Form** to: [mics.info2020@gmail.com](mailto:mics.info2020@gmail.com), **OR**
  - Mail your completed **Membership Form and Check** to:  
**MICS Treasurer, Sanjay Shah, 123 Millstone Dr, Troy, MI 48084**
- Family Membership is limited to **Applicant and Spouse** including minor children (<18 yrs) only.
- Except new membership, yearly membership dues must be paid by March 31<sup>st</sup> of the current year to gain privilege of voting member rights.

Is this the first time you are applying for MICS Membership? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ (I've been a member before)  
 If you are a returning member, your Membership Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 If you are a returning member, has your address changed? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
 If YES, please provide your OLD address: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Profession:** \_\_\_\_\_  
**Spouse's Name:** \_\_\_\_\_  
**Street Address 1:** \_\_\_\_\_  
**Street Address 2:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Home Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Mobile Phone Number:** (\_\_\_\_\_) \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

**Annual Membership (\$100):**                       **Lifetime Membership (\$1,000):**   
**Payment Type:** Cash \_\_\_\_\_ Check \_\_\_\_\_ **Check-Number** \_\_\_\_\_ **Paypal** \_\_\_\_\_ **Amount:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by:**

_____	_____	_____	_____
<b>MICS Guardian</b>	<b>Board Chair</b>	<b>President</b>	<b>Treasurer</b>