



OUR MISSION: Through an energized, broad based, grassroots coalition representing all facets of the equine industry, the Michigan Equine Partnership (MEP) is committed to increasing the public awareness and support, influencing public policy to strengthen the industry, and heightening recognition of the economic opportunities and value of the Michigan equine industry.

OUR VISION: To be a leader, a partner, and the voice of the Michigan equine industry.

OUR PHILOSOPHY: Providing leadership through commitment, empowerment, and accountability. Building partnerships with respect, trust, and cooperation. Responding to the needs of the equine industry with information, assessments, innovation, communication, and coordination of services.

OUR VALUES: We are a proud non-profit organization of advocacy through integrity, collaboration, and member driven cooperative spirit.

2011 ANNUAL MEMBERSHIP APPLICATION

Name _____ Spouse _____

Farm/Business/Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Mobile _____ Fax _____

Email _____ Notes _____

ANNUAL MEMBERSHIP OPPORTUNITIES:

All membership packages include newsletter, issue alerts, membership pin and other member benefits.

Personal

- \$10 Student/Senior
- \$25 Single
- \$50 Family
- \$500 Lifetime Individual†

Association/Business

- \$100 Self-Employed
- \$250 Association/Small Business*†
(50 members or less) (<10 employees)
- \$500 Association/Large Business*†
(50 members or more) (>10 employees)

I would like to be considered for the:

- Outreach Committee
- Membership Committee
- Development Committee
- Finance Committee
- Legislative/Policy Committee
- Nomination Committee

*Your members receive all MEP member benefits except voting rights.

†Receives recognition in the MEP Annual Report.

The Michigan Equine Partnership is a 501(c)(6) non-profit organization.

Make checks payable to: **Michigan Equine Partnership**
 235 North Pine Street
 Lansing, MI 48933
Visa & Mastercard also accepted

Contact MEP
 Phone: 517.372.1500
 Fax: 517.372.1501
 www.miequine.com

Credit Card # _____ CID: _____ Exp. Date _____

Name on Card: _____ Signature _____

For office use only: New Membership # _____ Renewal

Date _____ Check # _____ Amount \$ _____