



Mableton Improvement Coalition

Membership Form

If mailing, please send the completed form and check to:
Mableton Improvement Coalition, PO Box 491, Mableton, GA 30126

Please complete one form per person. All information must be provided.

Name: _____

Home Address (no PO Box): _____

City & Zip: _____

Cell Phone Number:

Email: _____
(We'll never share your email address; it will be used only for MIC communications.)

Membership Level:
(all members must be 18 or older)

- ANNUAL** _____ **year(s) at \$20/year** **\$**_____
30126 residents are full members of MIC; others are Associate members
- LIFETIME (live in 30126 only)** **\$200**

Signature _____
Date

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For MIC Use

Date: _____ Amount Paid: \$_____

Circle One: Check Cash Square – Last 4 digits of card number _____