



YES, I WISH TO PARTICIPATE IN THE MICA “MEMBERS ONLY DISCOUNT PROGRAM.”

BUSINESS NAME: _____

OWNER/MANAGER’S NAME: _____

ADDRESS OF BUSINESS: _____

MAILING ADDRESS (If different from business address):

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

TELEPHONE NUMBER: _____

PLEASE LIST BELOW ANY ADDITIONAL INFORMATION OR SPECIAL OFFER YOU WOULD LIKE TO MAKE TO THE MICA MEMBERS.

Please return this form via email to rmccann@marcocivic.com or mail to:

MICA
1770 San Marco Rd., Suite 204
Marco Island, Fl 34145

Please call Ruth McCann at 642-7778 should you have any questions.

Please inform MICA in writing of any changes (location, telephone number or withdraw) to your listing.