



Thank you for completing your application. Please fill out form, print, and mail with your check payment.

Date online application was submitted:

Names of the members being paid for with a check:

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Any additional comments or questions:

Please send this form and check to:

MIACADA
c/o Academic Advising Office
36600 Schoolcraft Rd.
Livonia, MI 48150

If you have any questions, please contact the MIACADA Membership Chair, Molly Thornbladh at MIACADAMembership@gmail.com