

Michigan Department of Energy, Labor & Economic Growth
 Bureau of Commercial Services
CONSTRUCTION LIEN RECOVERY FUND PROGRAM
 P.O. Box 30018 - Lansing, MI 48909
 (517) 241-9241
 (517) 241-0290 (fax)
 www.michigan.gov/conlien

FOR OFFICE USE ONLY - VALIDATION

Fund Membership Number

**MEMBERSHIP APPLICATION FOR
 SUPPLIERS/SUBCONTRACTORS/LABORERS**

Authority: P.A. 497 of 1980, as amended

APPLICATION INSTRUCTIONS AND INFORMATION

The Homeowner Construction Lien Recovery Fund provides protection to member subcontractors, suppliers and building trade workers in the event that payment for materials and services provided on a residential project are not received. If you would like to become a member of the Fund, complete and return this application form along with the initial \$50 membership fee. Please note that supplier lien claimants that conduct business at multiple retail locations must pay a separate membership fee for each retail location. The Construction Lien Act requires that a membership renewal fee of \$30 to be paid by June 1 every three years thereafter. Fund members will be sent a membership renewal fee notice at the last address on record with the Fund. Each member is required to notify the Fund in writing of any name, address or business structure change within 30 days of the change. Failure to pay a renewal fee will negatively affect your ability to make claim against the Fund, and may result in the denial of claims against the Fund.

Payments can be made by check or money order from a U.S. Financial Institution payable to: **State of Michigan - Construction Lien Fund** or by major credit card (Visa or Mastercard) by completing credit card information below. Applications with credit card payments may also be faxed to 517-241-0290.

APPLICANT INFORMATION

- New (Initial \$50.00) Name Change - Member ID.: _____ (\$50.00)
 Membership Renewal - Member ID.: _____ (\$30.00)

TYPE OF APPLICATION:		TYPE OF BUSINESS ENTITY:	
<input type="checkbox"/> Supplier-Principal Office	<input type="checkbox"/> Subcontractor (non-licensed)	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> Supplier-Retail Location	<input type="checkbox"/> Laborer	<input type="checkbox"/> Sole Proprietor (dba)	<input type="checkbox"/> Government/School
		<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company

Full Company Name	U.S. Social Security Number	Federal I.D. Number (If Applicable)
Owner/Manager Name (Last, First, Middle Initial)	Daytime Telephone ()	County
Business Address	City, State, Zip Code	

COMPLETE FOR NAME CHANGES ONLY:	PAYMENT METHOD
OLD COMPANY NAME: _____	<input type="checkbox"/> Check or Money Order
MEMBER ID: _____	<input type="checkbox"/> Credit Card Payment (complete information below)
FEE PAYMENT INFORMATION (Check One)	CARDHOLDER'S NAME: _____
<input type="checkbox"/> New Application (7001-16) \$50.00	NAME as it appears on card: _____
<input type="checkbox"/> Name Change (7001-16) \$50.00	CARDHOLDER'S SIGNATURE: _____
<input type="checkbox"/> Renewal (7001-16) \$30.00	Billing Address: _____
	City/State/Zip: _____
	Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
	Credit Card #: _____
	Expiration Date: _____ / _____

FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

If your credit card payment is declined or rejected, the Department will contact you immediately.