



# Associate Membership Application

Please complete the information requested.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Fax (     ) \_\_\_\_\_ Web Address \_\_\_\_\_

Company Description (Products/Services provided):

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**Dues Structure:**

\$600 a year; (pro-rated quarterly)