



APPLICATION FOR SUSTAINING MEMBERSHIP

CLASSIFICATION:

Applying for Active Membership (Job Shop)

Applying for Active Membership (Captive Shop)
 Has a finishing operation, finishes own products, less than 50% job shop work is taken in.

Applying for Insurance Membership

NAME OF COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE (____) _____

E-MAIL: _____ FAX (____) _____

YEAR ESTABLISHED _____ NUMBER OF EMPLOYEES _____

CORPORATION PARTNERSHIP INDIVIDUAL PLANT AREA _____ SQ. FT.

PRINCIPAL OFFICERS

NAME _____	TITLE _____
NAME _____	TITLE _____
NAME _____	TITLE _____

MANAGEMENT PERSONNEL WHO WILL REPRESENT COMPANY IN EXERCISING THE PRIVILEGES OF MEMBERSHIP IN **MFASC** AND RECEIVE ASSOCIATION MAIL.

 OFFICIAL REPRESENTATIVE

 TITLE

 ALTERNATIVE REPRESENTATIVE

 TITLE

IN MAKING APPLICATION FOR MEMBERSHIP IN THE **MFASC** AND **NASF**, WE AGREE TO ABIDE BY THE ASSOCIATIONS' BY-LAWS, AND TO PAY DUES AS REQUIRED (DUES ARE PAYABLE IN ADVANCE). A CHECK FOR OUR FIRST QUARTER'S DUES IS ENCLOSED.

WE HAVE BEEN ADVISED OF THE PRIVILEGES AND RESPONSIBILITIES OF MEMBERSHIP.

 SIGNATURE

 TITLE

 DATE

MEMBERSHIP DUES: ANNUAL BILLING \$2,800.00

SPONSORED BY: _____

COMPANY: _____

Application approved by MFASC Board of Directors Date: _____ _____ _____ _____ _____

WHAT FIELD OR FIELDS DOES THE COMPANY SPECIALIZE IN?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WHAT IS YOUR PRIMARY PURPOSE IN WANTING TO CONTRIBUTE TO MFASC?

NAMES OF PEOPLE WHO MAY ATTEND MEETINGS:

_____	NICKNAME _____
_____	NICKNAME _____
_____	NICKNAME _____

VOLUNTEERS RECEIVE MUCH MORE THAN THEY GIVE

FOR FURTHER INFORMATION, CALL, WRITE, or E-MAIL:
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