

ASSOCIATE MEMBERSHIP APPLICATION

2020 MEMBERSHIP RATE \$300

NEW RENEWAL

COMPANY INFORMATION Use this address for	or listing in the membership	directory	THE PARTY OF	The State of the S
Company				
Primary Contact Person:		Title:		
Physical Address:				
Mailing Addess:				
City:		State:		Zip:
Primary Phone:				
Primary Contact Email:				
MARKETING CONTACT:		Phone:		
City:		State:		_ Zip:
BILLING CONTACT Same as priamry contact				
Billing Contact Person:				
Billing Address:				
City:				
Billing Phone:	Billing Contact Ema	il:		
ADDITIONAL CONTACTS Add additional contact	ts to receive email announ	cements and Publica	tions from MRWS	1000
Name 1:				
Address:				
Name 1:				
Address:				
Name 1:				
Address:				
Name 1:				
Address:				
Name 1:				
Address:	City:		State:	_ Zip:

MRWS Membership dues are \$300 and must be paid IN FULL before your company can participate in any of our events, sponsorships, or publications. Memberships are sold per company, not individually. Membership only applies to the company listed on this form - not to additional businesses affiliated with your company. Membership dues are non-refundable.