



## Associate Member Application

*\*All membership applications are to be approved by the MPTA Board of Directors.*

Date: \_\_\_\_\_

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

Primary Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

### Company Contacts:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide an explanation regarding your product or service and how it is utilized within the industry: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your company provide training or education? If so, what topics may be available for presentation to our members? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Associate Member dues are based on a fiscal year beginning October 1<sup>st</sup>. Annual Dues are \$100 and will be billed upon membership approval.

Please return completed forms to: [Pink@MPTAonline.org](mailto:Pink@MPTAonline.org)