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| --- | --- | --- | --- | --- | --- |
| Member Information | | | | | |
| First Name | | |  | | |
| Last Name | | |  | | |
| Title | | |  | | |
| Address | | |  | | |
| City/State/Zip | | |  | | |
| Phone | | |  | Alt Phone |  |
| Email | | |  | | |
|  | | | | | |
| Company Information | | | | | |
| Company Name | | |  | | |
| Address (optional) | | |  | | |
| Cell Phone | | |  | Work Phone |  |
| Email | | |  | | |
|  | |  | | | |
|  | | | | | |
| Description of Business | | | | | |
| Type of Business | | |  | | |
| * Applicant’s Signature | | |  | | |
| Membership is Dues: | | | Membership is $60 per individual per fiscal year, January through December. $65 if paying by credit card. Note: This membership is valid at all 3 MSWCA normal business meetings. Make all checks out to MSWCA. | | |
|  | | |  | | |
|  | |  | | | |
| Please check box for  membership status | | |  | | |
|  | * Yearly Member | | | | |
|  | * First Time Member   Who referred you to our organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Member |