



Manufacturers Association of Maine

Membership Application

COMPANY INFORMATION

Company Name & Division:

Address:

Phone:

Fax:

Website:

Number of Employees:

Primary Contact:

Primary Phone:

Primary E-mail:

Referred By:

Description of Products/Services/Sector:

PAYMENT INFORMATION

INDUSTRY MEMBER (Please See Dues Schedule):

Manufacturing-related industry operating business: may be anywhere from 1-1000+ Employees

<u># of Employees</u>	<u>Annual Dues</u>	<u># of Employees</u>	<u>Annual Dues</u>	<u># of Employees</u>	<u>Annual Dues</u>
1-5.....	\$325	21-35.....	\$550	150-499.....	\$1,150
6-10.....	\$400	36-50.....	\$650	500+.....	\$1,550
11-20.....	\$450	51-150.....	\$800		

Maine Aerospace Alliance Membership (Industry Members Only) : (\$250)

Affiliated Membership: Maine Built Boats, Me Wood Products Assoc. (Industry Members Only):
(50% discounted dues from dues schedule above)

ALL INDUSTRY Member Companies receive free entry to all Monthly Meeting Tours (over \$200 value)
*ALL INDUSTRY Member Companies receive one (1) Entry to Mfg Summit with membership (\$50 value) **
ALL INDUSTRY DUES ARE JANUARY-DECEMBER SCHEDULE. Membership dues will be prorated accordingly.*
**Affiliate or Associate members are not eligible*

Associate Member: (\$275) Non-profit Organizations **OR** a business services organization with 10 employees or less

Affiliate Member: (\$750) Banks, firms, and insurance agencies **OR** a business service organization with more than 10 Employees

Additional Sponsorships: See Attached Sponsorship Opportunities. Total Sponsorship Amount: \$ _____

TOTAL AMOUNT DUE: _____

Payment Method (Circle One): Check AMEX Visa/MasterCard

Name on Card: _____

Credit Card #: _____ Expiration Date: _____ CSV _____

Billing Address: _____

Total Dues Paid: _____ Membership Received Date: _____ Payment Plan: ____ Monthly ____ Quarterly

Manufacturers Association of Maine

Company Contact Information

Company Name & Division:	
Job/Title	President/CEO
Name	
Email Address	
Phone Number/ Ext.	
Job/Title	HR Manager
Name	
Email Address	
Phone Number/ Ext.	
Job/Title	Accounts Payable
Name	
Email Address	
Phone Number/ Ext.	
Job/Title	Sales Manager
Name	
Email Address	
Phone Number/ Ext.	
Job/Title	Quality Assurance
Name	
Email Address	
Phone Number/ Ext.	
Job/Title	Production Manager
Name	
Email Address	
Phone Number/ Ext.	
Job/Title	Regulatory/ Compliance
Name	
Email Address	
Phone Number/ Ext.	
Job/Title	Energy Contact/Purchasing Manager
Name	
Email Address	
Phone Number/ Ext.	

What benefits/information would you like the Association to provide to you? (please check all applicable choices below)

- | | |
|--|---|
| <input type="checkbox"/> Business Services:
<input type="checkbox"/> Employee Education and Training
<input type="checkbox"/> BGS Consultation Services
<input type="checkbox"/> Conferences/Seminars
<input type="checkbox"/> Legislative/Policy Activities
<input type="checkbox"/> Mfg Day—Dream It. Do It. Student Outreach | <input type="checkbox"/> MAMe Energy Program with Constellation Energy
<input type="checkbox"/> Newsletter
<input type="checkbox"/> Scholarship Program
<input type="checkbox"/> Tour Events
<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Other: _____ |
|--|---|