



# MEMBERSHIP APPLICATION

## COMPANY INFORMATION

Company Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Website:

## MAIN CONTACT INFORMATION

Name:  Mr.  Ms.  Other

Title:

Address:

Direct Line/Extension:

Email:

## OTHER COMPANY CONTACTS

Name:  Mr.  Ms.  Other

Title:

Address:

Direct Line/Extension:

Email:

## PAYMENT INFORMATION

Please indicate payment method:

*MMA membership is for a one-year period and must be renewed annually.*

Check Enclosed

AmEx

Visa

MasterCard

Discover

Invoice My Organization

Amount Due: \$

Card No:

Expiration Date:

Signature: \_\_\_\_\_

Date:

Please fill in the APPLICATION FORM, print, sign and fax it back to us.

(Contact Ron Barnes at [rbarnes@the-dma.org](mailto:rbarnes@the-dma.org) or 202.861.2414 or Ben Cooper at [bycooper@wms-jen.com](mailto:bycooper@wms-jen.com) or 202.973.5977 to discuss your participation and support levels.)

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