



# MEMBERSHIP APPLICATION

952-564-3041 (Phone)  
952-252-8096 (Fax) www.mpma.com

## COMPANY INFORMATION

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

Key Contact: \_\_\_\_\_ Title \_\_\_\_\_

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

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

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_ ) \_\_\_\_\_

E-Mail \_\_\_\_\_ Website: \_\_\_\_\_

Referred by/Contacted by: \_\_\_\_\_

Parent Company (if applicable): \_\_\_\_\_

Year Established? \_\_\_\_\_ Number of Employees? \_\_\_\_\_ Square Footage? \_\_\_\_\_

**Please describe in 40 words or less what services your company provides, including the industries you serve:**

Please use the back side for your description

## REASONS FOR JOINING MPMA

A primary objective for MPMA is to best serve member needs. What are the three main benefits you want from your membership in the MPMA?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

(If you are interested in networking, please know that your membership plaque will be presented to you at your first monthly membership meeting. This will be your first key networking opportunity to introduce your company to approximately 50 to 100 other members.)

## MPMA DUES

\_\_\_ **Manufacturers** - \$425 + \$4 per employee (capped at 200 employees).

\_\_\_ **Associates** - \$425 + \$4 per employee (capped at 200 employees)

\_\_\_ **Affiliates** - \$580.00 + \$10 per employee (capped at 200 employees).

\_\_\_ **Out-State** - \$275 - over 75 miles from our MPMA office

All memberships are a Corporate Membership; therefore, you must count all of the employees in your company.

### COMPANY DESCRIPTION:

**Associates:** provides manufacturing products to manufacturing companies only

**Affiliates:** financial institutions, lawyers, insurance companies, staffing companies, etc. that can provide services to all types of companies

**Out-State:** over 75 miles from our MPMA office

My total dues are \$ \_\_\_\_\_

PLEASE FILL OUT THE ENCLOSED MEMBER PROFILE AND SEND WITH YOUR MEMBERSHIP APPLICATION. THANKS!

Our check is enclosed, made payable to:  Charge my VISA/Mastercard or American Express

MPMA

No: \_\_\_\_\_

5353 Wayzata Blvd., Suite 207

Exp.Date \_\_\_\_\_

\$ \_\_\_\_\_ is enclosed.

Minneapolis, MN 55416

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your application.*

MPMA dues may be deducted as ordinary business expenses for tax purposes, but are not deductible as a charitable expense. Your application for membership will be presented and reviewed at the next regularly scheduled Board of Directors meeting.

For office use only:  Received  Approved  Database  Website  Journal  Letter  Plaque Ordered  TC New Member Mtg.