

APPLICATION FOR CONTRIBUTING SPONSOR MEMBERSHIP

COMPANY NAME		
CITY	ZIP	TELEPHONE ()
WEBSITE	EMAIL	
YEAR ESTABILISHED	NUMBER OF EMPLOYE	ESFAX ()
CORPORATION □	PARTNERSHIP □	INDIVIDUAL □
PRINCIPAL OFFICERS: NAME:	TITLE:	
NAME:	TITLE:	
NAME:	TITLE:	
	O RECEIVE ASSOCIATION MAII	ANY IN EXERCISING THE PRIVILEGES OF
IIIEE		TITLE
COMPANY NAME:		
ANNUAL BILLING - \$1,500		Application approved by MFASC Board of Directors Date
We hereby apply for membership Association of Southern California Association for Surface Finishing. Associations' Bylaws and Code or required (dues are payable in advantist year's dues is enclosed.	a and/or in the National We agree to abide by the f Ethics and to pay dues as mce). A check for our	
Signature	Date	

WHAT FIELD OR FIELDS DOES THE COMPANY SPECIA	ALIZE IN?
	<u> </u>
WHAT IS YOUR PRIMARY PURPOSE IN WANTING TO	CONTRIBUTE TO MFASC ?
NAMES OF PEOPLE WHO MAY ATTEND MEETINGS:	
	NICKNAME
	NICKNAME
	NICKNAME

FOR FURTHER INFORMATION, CALL, WRITE, or, E-MAIL:

MFASC HEADQUARTERS

P.O. BOX 6547 BURBANK, CA 91510-6547 (818) 238-9590 (818) 238-9592 <u>FAX</u> E-MAIL: admin@mfaca.org

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