

2019 APPLICATION FOR MEMBERSHIP

F s		Has a finishing shop work is ta	applying for Associate Membership (Captive Shop) as a finishing operation, finishes own products, less than 50% job nop work is taken in.		
NAME OF COMPANY					
ADDRESS					
CITYYEAR ESTABLISHED	STATE	ZIP	TELEPHONI	E ()	
YEAR ESTABLISHED	NUMBER OF EMPLOY	EES	FAX ()	
CORPORATION PARTNERSHIP	_ INDIVID UAL _	-	PLANT AREA	SQ. FT.	
<u>PRINCIPAL OFFICERS</u> NAME		TITLE			
NAME		TITLE			
NAME T					
MANAGEMENT PERSONNEL WHO WILI MFASC AND RECEIVE ASSOCIATION M		NY IN EXER	CISING THE PRIVILEG	ES OF MEMBERSHIP IN	
OFFICIAL REPRESENTATIVE			ALTERNATIVE REPRES	SENTATIVE	
TITLE			TITLE		
IN MAKING APPLICATION FOR MEMBERSHIP IN THE MFASC AND NASF , WE AGREE TO ABIDE BY THE ASSOCIATIONS' BY-LAWS, AND TO PAY DUES AS REQUIRED (DUES ARE PAYABLE IN ADVANCE). A CHECK FOR OUR FIRST			Application approved by MFAS Date:		
QUARTER'S DUES IS ENCLOSED. WE HAVE BEEN ADVISED OF THE PRIVILEGES AND RESPONSIBILITIES OF MEMBERSHIP.					
SIGNATURE					
TITLE	DATE	<u>ACTIVE</u>		(JOB SHOP)	
SPONSORED BY:			IPLOYEES	\$525.00 \$655.00 \$830.00	
COMPANY:				\$965.00	
		ASSOCIA	ATE MEMBER	(CAPTIVE SHOP) \$965.00	

INFORMATION REQUIRED FOR PROCESSING APPLICATION

PROCESSES PERFORMED IN PLANT (NOT SUBCO	,	
COMPANY OPERATES SHIFTS: PRIMARY FIELD OF ACTIVITY:	UNION SHOP	
DEFENSE% COMMERCIAL PLEASE GIVE A BRIEF DESCRIPTION OF YOUR CO	OMPANY AND MAJOR SPE	
WHAT IS YOUR PRIMARY PURPOSE IN WANTING	TO JOIN THE MFASC ?	
AS A MEMBER, WHAT OBJECTIVES WOULD YOU	LIKE TO SEE THE MFAS C	PURSUE?
WHAT ASSOCIATION ACTIVITIES DO YOU BELIE PROGRAMS MEMBERSHIP INSURANCE SPECIAL EVENTS OTHER (Please specify)		

VOLUNTEERS RECEIVE MUCH MORE THAN THEY GIVE

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

MFASC HEADQUARTERS

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