

## Application Form for Associate Membership

Contact Information as you would like it to appear in the Directory:

Name of organization applying for membership

Name of Chief Executive

Title

Company Contact Name

Title

Mailing Address

City

State

Country

Zip Code / Postal Code

Telephone

Fax

Website

E-mail

I hereby apply for membership in MAIS, subscribe to its mission, Charter and Bylaws as most recently amended, and confirm our understanding of the responsibilities of membership: to select delegates who will participate in MAIS activities at both the international and regional levels; and pay annual dues. The fee is \$500 USD

**Brief Description of Services and Products offered by Applicant:**

Please describe how MAIS may assist you:

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Signature

Date

