



APPLICATION FOR MEMBERSHIP

Applying for Active Membership (Job Shop)

Applying for Associate Membership (Captive Shop)
 Has a finishing operation, finishes own products, less than 50% job shop work is taken in.

NAME OF COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE (____) _____

E-MAIL: _____

YEAR ESTABLISHED _____ NUMBER OF EMPLOYEES _____ FAX (____) _____

CORPORATION PARTNERSHIP INDIVIDUAL PLANT AREA _____ SQ. FT.

PRINCIPAL OFFICERS

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

MANAGEMENT PERSONNEL WHO WILL REPRESENT COMPANY IN EXERCISING THE PRIVILEGES OF MEMBERSHIP IN MFASC AND RECEIVE ASSOCIATION MAIL.

 OFFICIAL REPRESENTATIVE

 ALTERNATIVE REPRESENTATIVE

 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 QUARTER'S DUES IS ENCLOSED.

WE HAVE BEEN ADVISED OF THE PRIVILEGES AND RESPONSIBILITIES OF MEMBERSHIP.

 SIGNATURE

 TITLE

 DATE

SPONSORED BY: _____

COMPANY: _____

Application approved by MFASC Board of Directors Date: _____ _____ _____ _____ _____

QUARTERLY DUES	
ACTIVE MEMBER	(JOB SHOP)
1-10 EMPLOYEES.....	\$395.00
11-20 EMPLOYEES.....	\$495.00
21-50 EMPLOYEES.....	\$600.00
51 OR MORE EMPLOYEES.....	\$700.00
ASSOCIATE MEMBER	(CAPTIVE SHOP)
	\$700.00

INFORMATION REQUIRED FOR PROCESSING APPLICATION

PROCESSES PERFORMED IN PLANT (NOT SUBCONTRACTED)

COMPANY OPERATES _____ SHIFTS: UNION SHOP _____ NON-UNION SHOP _____

PRIMARY FIELD OF ACTIVITY: _____

DEFENSE _____% COMMERCIAL _____%

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR COMPANY AND MAJOR SPECIALIZATION: _____

WHAT IS YOUR PRIMARY PURPOSE IN WANTING TO JOIN THE MFASC? _____

AS A MEMBER, WHAT OBJECTIVES WOULD YOU LIKE TO SEE THE MFASC PURSUE? _____

WHAT ASSOCIATION ACTIVITIES DO YOU BELIEVE YOU COULD BE HELPFUL IN:

____ PROGRAMS ____ MEMBERSHIP ____ MILSPECS ____ ENVIRONMENTAL POLLUTION
____ INSURANCE ____ SPECIAL EVENTS ____ EDUCATION ____ SAFETY
____ OTHER (Please specify)

VOLUNTEERS RECEIVE MUCH MORE THAN THEY GIVE

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

MFASC HEADQUARTERS

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