



# Associate Member Application Form

July 1, 2009 to June 30, 2010

## Associate Membership

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

College/Institution Name: \_\_\_\_\_

College/Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Would you like MASA to provide a link to your college/institution Internet site? YES  NO

Internet site you would like MASA to provide link to: \_\_\_\_\_

## Payment Information

MASA Associate Member Dues @ \$50 ..... \$ \_\_\_\_\_

Add \$50 if one set of MASA member labels is desired ..... \$ \_\_\_\_\_

*(A full set of 2009-2010 MASA mailing labels will not be available until November 1, 2009.)*

MASA Pictorial Directory Advertising (see enclosed rate sheet) ..... \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

### Method of Payment

( ) Check enclosed (Payable to MASA)

( ) Purchase Order Enclosed ( # \_\_\_\_\_ )

( ) Credit Card VISA Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

MasterCard No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Return completed application to: **MASA**  
**3550 Amazonas Drive**  
**Jefferson City, MO 65109**  
**Or Fax to: 573-556-6270**

For Office Use Only: Date Received \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date card sent: \_\_\_\_\_