



Membership Application

Member Company Information:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Business Type: Proprietorship Partnership Corporation Job Shop Captive

Year Established: _____ Number of Employees: _____

Principal Officers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Billing Information:

We welcome your participation in the MAMF. Our structured dues schedule is designed to fit the various needs of our members. Upon receipt of your application, we will contact you to discuss the appropriate dues category for your company.

Payment Information:

Check Enclosed (*Made payable to the Masters' Association of Metal Finishers, Inc.*)

Visa Mastercard Amex

Number: _____ Expiration: _____

Signature: _____

Billing Contact (If Different):

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Send Completed Forms To:

Masters' Association of Metal Finishers, Inc. NY/NJ • P.O. Box 185 • Congers, New York 10920 • Attn: Donna-Jean Plante
Fax: 845.267.6765 **Email:** admin@metalfinishers.org