



Associate Application

Company Name: _____

Individual Owner

Corporation

Partnership

Names of all Owners, Partners, Officers _____

Contact Person authorized to receive mail
and make decisions on behalf of the company _____

Company Mailing Address _____

City _____ State _____ Zip _____

Physical address (if different than mailing address): _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-Mail Address _____

Internet Website _____

Business Reference – Include individual company, address & phone number _____

Product or Service _____

The undersigned represents, warrants, and promises that the information included with this application is true, accurate, and complete to the best of the applicant's knowledge and belief. If admitted to membership, I (we) agree and promise to pay the annual membership dues in a timely manner, abide by the bylaws, Code of Ethics, and other procedures as prescribed to the Board of Directors; and conduct business in an ethical manner consistent with the laws of the State of Pennsylvania, and the United States of America, or any subdivision thereof. I (we) understand that failure to meet these obligations may result in suspension or termination of membership and forfeiture of all membership services. Membership will automatically renew annually unless cancelled in writing.

I consent to receive communications sent by or on my behalf of the PMSA and its subsidiaries and affiliates concerning programs, services, and activities via fax, E-Mail, regular mail or any other medium.

Signature of authorized representative _____ Date _____

Please return completed application form along with one full year's membership dues (\$300).