



APPLICATION FOR ADDITIONAL MEMBERSHIP

ADDITIONAL MEMBER - An additional employee associated with a Business Partner or Provider Member.

MEMBER INFORMATION - Please print or type below your information as well as your organization's contact information.

DATE _____

ORGANIZATION _____

NAME _____

TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

EMAIL _____ WEBSITE _____

HOW DID YOU HEAR ABOUT MASS-ALA? _____

PAYMENT INFORMATION - Additional membership dues are calculated on a calendar year, January to December. Those who join from 10/1-12/31 will join for the coming year, and receive the rest of the current year at no cost. New member dues are prorated quarterly as follows (please circle):

MEMBERSHIP FEE	JOINING BETWEEN 10/1 AND 3/31	JOINING BETWEEN 4/1 AND 6/30	JOINING BETWEEN 7/1 AND 9/30
*Additional Member	\$200	\$150	\$100

* If you have more than one additional member please include names and contact information on the second page.

NUMBER OF ADDITIONAL MEMBERS _____ X ADDITIONAL MEMBER RATE \$ _____ = \$ _____

PAYMENT METHOD

TOTAL DUES \$ _____

CHECK ENCLOSED

MASTERCARD

VISA

AMERICAN EXPRESS

CORPORATE CREDIT CARD

PERSONAL CREDIT CARD

NAME OF COMPANY IF CORPORATE CREDIT CARD _____

CARD NUMBER _____

EXPIRATION DATE (MM/YY) _____ 3 OR 4 DIGIT CODE (ON BACK OF CARD) _____

CARDHOLDER NAME _____ CARDHOLDER SIGNATURE _____

PLEASE RETURN APPLICATION AND PAYMENT TO MASS-ALA, **Martha Chamberlin, Manager of Membership**
 465 Waverley Oaks Road, Suite 300, Waltham, Ma 02452 | mchamberlin@mass-ala.org | 781-622-5999 (T) | 781-622-5979 (F)