



MASC Membership Application

Fax completed form to (910) 762-9547

MEMBERSHIP CONTACT INFORMATION

(Name & address of individual authorized to make membership decisions)

NAME: _____ TITLE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO.: _____ FAX NO.: _____

EMAIL: _____

ACCOUNTS PAYABLE CONTACT INFORMATION

(Name of individual responsible for accounts payable & billing address)

A/P CONTACT NAME: _____ TITLE: _____

COMPANY NAME: _____

BILL TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

A/P PHONE NO.: _____ A/P FAX NO.: _____

EMAIL: _____

DO YOU REQUIRE PURCHASE ORDERS ON INVOICES? YES NO

TYPE OF MEMBERSHIP? SMALL (24 or less employees)

LARGE (25 or more employees)

SIGNATURE

DATE