

## TMA Membership Form

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

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

Owner or Manager: \_\_\_\_\_

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Signature: \_\_\_\_\_

Payment Method:

Yearly \$300 \_\_\_\_\_ Quarterly 4 @ \$75 \_\_\_\_\_ Monthly 12 @ \$25 \_\_\_\_\_

Associate membership dues are \$150 per year. Associate members are professional firms and individuals who wish to support the goals of the organization. Associate membership dues will be billed annually.

THANK YOU FOR YOUR SUPPORT