

MEMBERSHIP APPLICATION FORM



MANUFACTURERS' ASSOCIATION OF SOUTH CENTRAL PENNSYLVANIA

160 Roosevelt Avenue, Suite 400, York, PA 17401

Phone (717) 843-3891 • Fax (717) 854-9445 • office@mascpa.org

Date	
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To: The Board of Directors

The undersigned organization hereby makes application for membership in the "Manufacturers' Association of South Central Pennsylvania", and if approved, agrees to pay dues as established by the by-laws and which are based on the number of our employees (which we have certified below).

Please indicate if you are a manufacturing or non-manufacturing organization.

- We are a manufacturer applying for "General Membership"
- We are a non-manufacturer applying for "Associate Membership"

Company Name	
Address:	
Phone	
Fax	
CEO	
CEO E-mail	
HR Manager:	
HR Manager E-mail	
Contact Person:	
Contact Person E-mail	
We certify our number of employees to be:	
Federal Employer Identification Number(E.I.N):	

*** SCHEDULE OF DUES	
Number of Employees	Dues
1 to 50	\$ 230
51 to 100	\$ 410
101 to 200	\$ 625
201 to 300	\$ 880
>300	\$ 999

******* Upon approval from MASCPA Board of Directors you will be sent an invoice for annual membership dues.