



MEMBERSHIP APPLICATION

Please complete and return with your check payable to MEMO in the amount of \$125.00. Dues will be prorated after January 1st.

If you have any questions please contact Randy Disinger, at 508.359.4433.

Please Type or Print Clearly All Information.

Business Name:		Date Business Established:	
Business Street Address:		P.O. Box:	
City/Town:		State:	Zip code:
Telephone Number:		Fax Number:	
E-Mail Address:		Website:	
Nature of Business:		Referred By:	
		Total Number of Employees:	
Authorized Business Representative:		Representative Signature:	
Preferred Method of Communication: (Check all desired)			
<input type="checkbox"/> Postal Mail <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail			

Do Not Write Below this Line. MEMO Use Only.

Date Payment Received:		Check Number:	
New Member:		Notes:	