



INLAND EMPIRE / DESERT CHAPTER

Please submit separate forms for each applicant.

For Information Log Onto: www.msatoday.org

M.S.A. APPLICATION FOR MEMBERSHIP

NEW MEMBER LIFE MEMBER
RENEWAL NAME CHANGE

Agency/Company Name

Phone ()

Job Title

Fax ()

Name of Applicant

E-Mail Address

Address (work) City Zip County

Description of Job Duties:

Product or Services Provided:

Please indicate the type of membership desired:

- REGULAR (\$60/\$45 each additional) Annual Dues:
A Regular Member shall be employed at least six (6) months in a Government Agency in a supervisory capacity in the operation and maintenance of streets, highways, and public facilities.
ASSOCIATE (\$60/\$45 each additional) Annual Dues:
An Associate Member shall be an employee of an Utility Company who serves in a supervisory capacity and demonstrates an interest in the purpose and objectives of the Association.
VENDOR (\$80/\$50 each additional) Annual Dues:
A Vendor Member shall be an individual, partnership, or corporation, or an employee of same, who demonstrates an interest in the purpose and objectives of the Association.
NAME CHANGE (\$20) includes Membership Packet
LIFE MEMBER (No Dues)
A Life Member shall be an individual who has been a Regular, Associate, or Sustaining Member for a period of at least five years but who is no longer actively engaged in such service and who was so designated to receive this membership by the Executive Committee of any Chapter.

In accordance with these instructions and in conformity with all the requirements and regulations set forth in the Constitution and Bylaws of the Inland Empire/Desert Chapter of the Maintenance Superintendents' Association, the undersigned makes application for membership.

Date: Applicants Signature:

MSA Member reference: Telephone: ()

BOARD OF DIRECTORS' ACTION: At the meeting of the Board of Directors held on ____, 201__, this application for Association Membership was:
Approved [] Denied []
President: _____

RETURN APPLICATION & CHECK TO:

M.S.A. Secretary
Inland Empire/Desert Chapter
P.O. Box 1266
Guasti, CA 91743-1266

(FOR MSA USE ONLY)

Amount Paid Date Check No.