APPLICATION FOR MEMBERSHIP 1st Year you were a Member ☐ Life Member ☐ Name Change Telephone Agency, Department or Division (Work) Job Title City

Name of Individual Address (Work) Zip Cell Phone **Email Address** Please indicate the type of membership desired: ☐ 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. (\$50.00 per individual) ☐ An Associate Member shall be an employee of a Utility Company who serves in a Supervisory capacity and demonstrates an interest in the purpose and objectives of the Association. (\$50.00 per individual) 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. (\$65.00 per individual)In accordance with these instructions, and in conformity with all the requirements and regulations set forth in the Constitution and By-Laws of the Arizona Chapter of the Maintenance Superintendents Association, undersigned makes application for membership. Date: _____ Authorized signature: **Referred By: Return Application and Check BOARD OF DIRECTORS ACTION:** Made out to Arizona MSA to: At the meeting of the Board of Directors held on____ Lory Warren this application for Association Membership was:

PO Box 35951 Tucson, AZ 85740-5951 Federal Tax ID# 95-6208015

_____ Approved _____ Denied

President