## APPLICATION FOR MEMBERSHIP

MSA MSA MOLA MINISTRATION AND ASSOCIATION		□ Ne vere a Member □ Na	w Member me Change
Agency, Department or Division		Telephone	(Work)
Name of Individual		Job Title	
Address (Work)		City	Zip
Cell Phone	F	mail Address	
Please indicate the type of member	ership desired:		
<ul> <li>□ A Regular Member shall be of the operation and maintenant (\$50.00 per individual)</li> <li>□ An Associate Member shall demonstrates an interest in the individual)</li> </ul>	nce of streets, highwa	ys, and public fa Itility Company	cilities. who serves and
☐ A Vendor Member shall be a Same, who demonstrates an (\$60.00 per individual)	, <b>.</b>	• •	
In accordance with these instruct set forth in the Constitution and I Superintendents Association, und	By-Laws of the Arizo	na Chapter of th	ne Maintenance
Date:	Authorized signatu	ıre:	
Referred By:			
Return Application and Check Made out to Arizona MSA to: Matt Manthey 10865 E Stanton Ave Mesa AZ 85212 Federal Tax ID# 95-6208015	At the this a	pplication for Assoc Approved	ord of Directors held on iation Membership was: