



Associate Membership Application

NCMS, Inc.

994 Old Eagle School Road, Suite 1019, Wayne, PA 19087

610-971-4856

Fax: 610-971-4859

www.classmgmt.com

Please accept my application for the status of Associate Member of the NCMS. I certify that our company is currently engaged in selling, dealing in, and/or manufacturing products, supplies, or services used by the Regular Members of this Society. I also understand that I must continue to be actively engaged in the selling, dealing in, and/or manufacturing of products, supplies, or services used by the Regular Members of the Society in order for my membership in the Society to remain valid. I further understand and agree that I will actively support the tax-exempt mission, programs, and activities of the Society.

I agree to abide by the established policies & procedures of the program or risk revocation of my membership. I also certify that all information I have provided is true and correct.

Signature

Date

COMPANY INFORMATION:

Contact Name: _____

Title: _____

Firm: _____

Address: _____

City: _____

State/Zip: _____

Email Address: _____

Phone: _____ Fax: _____

Is your organization U.S. owned? Yes ____ No ____

(note: non-U.S. owned companies are not automatically excluded from consideration)

If "no", indicate country _____

How did you hear about NCMS? _____

Please include with this application form:

- a list of principals and their position in your company
- a recent catalog or written description of services
- a high-resolution company logo
- a brief history of your company and how your organization will benefit NCMS members

