



Company Information

Name of Business _____ Date Founded _____

DBA (if applicable) _____ Federal ID Number _____

Nature of business _____ NAICS Code _____

Telephone (with Area Code) _____ No. of Employees _____
(Include all employees. Do not include independent contractors or subcontractors.)

Website _____

Mailing Address _____ City _____ State _____ County _____ Zip _____

Billing Address _____ City _____ State _____ County _____ Zip _____

Contact Information

Primary Contact Name & Title _____ Email _____

President/CEO/Owner Name & Title _____ Email _____

Membership Contact Name & Title _____ Email _____

HR Contact Name & Title _____ Email _____
(the individual who is your company's primary human resource contact)

Insurance Contact Name & Title _____ Email _____
(the individual who makes company decisions about employee benefits)

Training Contact Name & Title _____ Email _____
(the individual who makes company decisions about employee training)

Sales and Marketing Contact Name & Title _____ Email _____
(the individual who makes company decisions about advertising and marketing opportunities)

How would you prefer to receive communications from the MBA? (Check all that apply) Email Postal Mail

Reporting & Billing

Payment of first year's dues is required with your application. Prior to the anniversary date of your membership, which is the date of application approval, the company will be billed for dues for the ensuing year.

- 1 – 15 employees: \$319
- 16 – 30 employees: \$385
- 31 – 50 employees: \$449
- 51 – 100 employees: \$665
- 101 – 200 employees: \$859
- More than 200 employees: \$859 plus \$4 per each employee over 200 (capped at \$1,365 total)

PLEASE NOTE: Membership dues are considered to be annual fees and are not refunded during the course of the year.

Signature of Applicant: _____ Title: _____ Date: _____

Reason for Joining: HR Services Training Programs Government Affairs Insurance Networking Other: _____



PLEASE CHECK BOXES BEFORE MAILING APPLICATION

- I have enclosed a check for the first year's dues. Please make check payable to the Manufacturer & Business Association and mail to: 2171 West 38th Street, Erie, Pa. 16508. Visa, MasterCard, American Express and Discover also accepted.
- I would like to pay by credit card. Please note: The MBA will contact you for your credit card information once your application has been processed.
- I have made a copy of this application for my files.