

## 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.)*

Fax Number (with Area Code) \_\_\_\_\_

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 \_\_\_\_\_

Insurance Contact Name & Title \_\_\_\_\_ Email \_\_\_\_\_  
*(the individual who makes company decisions about health insurance)*

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

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

Energy Contact Name & Title \_\_\_\_\_ Email \_\_\_\_\_  
*(the individual who makes company decisions about electric and gas service providers)*

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  Fax

## Reporting & Billing

Payment of first year's dues is required with your application. Also required is a copy of your company's most recent Pennsylvania Unemployment Compensation (UC-2) Form or Schedule C, E or Form 1065. Please purge all salary information. 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:	\$289
16 – 30 employees:	\$345
31 – 50 employees:	\$399
51 – 100 employees:	\$599
101 – 200 employees:	\$775
More than 200 employees:	\$775 plus \$3.75 per each employee over 200 (capped at \$1,200 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: \_\_\_\_\_

Reason for Joining: \_\_\_\_\_ Referred by: \_\_\_\_\_ Date: \_\_\_\_\_



### PLEASE CHECK BOXES BEFORE MAILING APPLICATION

- I have enclosed a copy of my company's UC-2 Form or Schedule C, E or Form 1065 and purged all salary information.
- 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.

- If paying by credit card, please check box, and fill out information below:



(Circle one)

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Zip Code \_\_\_\_\_

Three-Digit Authorization Code \_\_\_\_\_

- I have made a copy of this application for my files.