

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:	\$295
16 – 30 employees:	\$355
31 – 50 employees:	\$415
51 – 100 employees:	\$615
101 – 200 employees:	\$795
More than 200 employees:	\$795 plus \$3.75 per each employee over 200 (capped at \$1,250 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.