



MMA

Massachusetts
Municipal
Association

MMA Partnership Program Membership Application

Today's Date _____

Organization _____

Contact _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone: Work _____ Cell _____ Website _____

E-Mail _____

Description of Services - 25 words or less

Check One:

Private Sector Partner \$795

Non-Profit Partner \$485

Important Notice: New member applications must be received, approved, and paid in full by January 1st to attend the MMA Annual Meeting and Trade Show held in Boston in January.

The MMA reserves the right, in its sole discretion, to refuse to accept an application based on the applicants programs or services that compete with the MMA at the time of the application and we reserve the right to rescind membership if such programs and services are created after membership approval. Non-payment of renewal dues within 30 days of invoice date warrants cancellation of membership.

Return this form, with payment, to MMA Partnership Program • MMA • One Winthrop Square Boston, MA 02110. Make your check payable to MMA. Credit card payments are accepted. If you have any questions or want to pay by credit card, contact Karen LaPointe at 800-882-1498 ext. 154.

Authorized Signature (Applicant) _____

Print Name (Applicant) _____ Date Signed (Applicant) _____

Authorized Signature (MMA) _____

Print Name (MMA) _____ Date Signed (MMA) _____