



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, or manufacturing products, supplies, or services used by the Regular Members of this Society. I also understand that I must continue to engage in one or both of these practices in order for my membership in the association to remain valid. 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: _____

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 for the newsletter

ANNUAL DUES: \$2,000

See other side for payment information and individual memberships.

CONTRIBUTIONS OR GIFTS TO NCMS ARE NOT TAX DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS. HOWEVER, THEY MAY BE TAX DEDUCTIBLE AS ORDINARY AND NECESSARY BUSINESS EXPENSES.

