APPLICATION FOR MEMBERSHIP

Application is hereby made for membership. Our Company is currently a member in good standing of MHI, except in the case of User or Education applicants, which do not require MHI membership. If approved for membership, applicant agrees to abide by the By-Laws/Rules and Regulations as may be amended, and make timely payments of dues and assessments.

Name of Corporation ______________________________________________________________________________________
Street Address __________________________________________________________________________________________
City ___________________________ State ___________ Zip Code ______________
Telephone Number __________________________ Fax Number __________________________
Internet Address (www.) ________________________________________________________________

The principal types of [Academia | Markets | Media | Products | Services] (use additional pages as required):

Describe your expectations and principal interest in joining:

List address of headquarters if different from above address:

Membership Type (see Rules and Regulations): ___Supplier ___Integrator/Consultant ___User ___Media ___Academic

Person(s) who will represent the applicant if approved are:

Name ___________________________ Title ___________________________
Phone __________________________ Fax __________________________ E-Mail __________________________

Name ___________________________ Title ___________________________
Phone __________________________ Fax __________________________ E-Mail __________________________

Name ___________________________ Title ___________________________
Phone __________________________ Fax __________________________ E-Mail __________________________

Name of person authorizing application who verifies that the facts set forth are true and correct:

Title ___________________________ Signature ___________________________ Date ____________

Please send completed application to IndustryGroups@mhi.org

www.mhi.org/solutions-community