



VENDOR MEMBERSHIP APPLICATION

BUSINESS INFORMATION

Name of Business:		
Year Business opened:	Type of Business:	Phone:
Address:		
City:	State:	ZIP:
Website:	Email:	

BUSINESS REPRESENTATIVE INFORMATION

Name of Rep:		
Address:		Phone:
City:	State:	ZIP:
Email:		

REFERENCES (MUST BE AT LEAST ONE MEMBER)

Name	Address	Phone

PARTICIPATION AGREEMENT

Are you willing to sponsor or co-sponsor a meeting? With exception to Special Events, sole sponsorship is \$500 and Co-Sponsorships are \$275. If you are willing to support us via sponsorship, please indicate below by placing your initials in the appropriate box and circling the months. Upon approval, you will be billed the month prior to the month(s) you indicated.

Yes, I will sponsor OR Yes, I will Co-sponsor on the following Months:

JAN-FEB-MAR-APR-MAY-JUN JUL-AUG-SEP-OCT-NOV-DEC

No, I do not want to sponsor

SIGNATURES

I have attached \$225; \$200 is the annual membership fee and \$25 is the application Fee. Should this application not be approved \$200 will be promptly returned to the listed business address via USPS, along with a letter of denial. You have every right to appeal this decision at the next board of directors meeting by emailing the PMAC and requesting to do so. By signing below you are authorizing the verification of the information provided on this form as to your professional and ethical business practices.

Signature of applicant:	Date:
Signature of Referrer:	Date:
Signature of PMAC Approval:	Date: