



MEMBERSHIP APPLICATION

I. GENERAL INFORMATION

Were you previously a member of USMMA? Yes No

If yes, during what time period? _____

Name _____

Title _____ Organization _____

Business Address _____

City _____ State _____ Zip _____

Country _____ Phone _____

E-mail _____

Fax _____

Company Point of Contact _____

How did you learn about USMMA? Current Member Promotional materials Website Other _____

II. OTHER INFORMATION

Description of business and its relationship to magnetic materials Profit Non-Profit

Class of membership applying for Sustaining Corporate Academic Consultant Other _____

III. PAYMENT INFORMATION

Enclosed are annual dues of \$2000

(Membership is for one-year from the date dues are received. Memberships are non-transferable and non-refundable.)

IV. SIGNATURE

Date _____

Please return to:

**Ed Richardson
1120 East 23rd St.
Indianapolis, IN 46206**