



NEW ENGLAND SCIENTIFIC MANUFACTURERS ASSOCIATION

2010 MEMBERSHIP APPLICATION

www.nesma-us.org

NESMA membership dues are on a calendar year basis (January - December) and are \$50 per individual.

PLEASE PRINT OR TYPE:

NAME: _____

COMPANY: _____

POSITION/TITLE: _____

LOCAL ADDRESS (for time sensitive mailing): _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

(Please note, most notifications of exhibits and other events will be sent via email)

VOICE MAIL: _____

HOME OFFICE NUMBER: _____

CELLULAR NUMBER: _____

FAX NUMBER: _____

Please check your appropriate Membership Category: Full Member Associate Member

A full member is a technical, scientific or related sales or marketing person having their place of business, residence or territory in the New England Area.

An associate member is a person who is employed in a related business and who shall be entitled to all privileges of membership with the exception of voting rights. More information on associate members is available in the NESMA Constitution and By-Laws.

I am interested in being on Exhibit Social Website Design
the following committee(s): Newsletter Events/Shows Scholarship Fund
 Becoming a Board member/Officer Contact me to discuss roles

Would you like to put your name and phone number on a members list to share with other NESMA members? Please note, this list will be available only to current NESMA members who are also on the list.

_____ Yes, I would like to network with other members, please include me on the list.

_____ No, thank you. I prefer not to be on this list.

Please make \$50 check payable to **NESMA**, and mail the form with your check to:

NESMA
PO Box 404
N. Reading, MA 01864

(Please keep a copy of this application and your canceled check as your receipt.)