



Massachusetts Movers Association, Inc.
 12 Post Office Square, 6th Floor
 Boston, MA 02109
 Phone: 617-574-9939
 Fax: 617-695-0173
 Web: massmovers.org

2017 Membership Application

Please complete this form and return to our office via email, mail, or fax with your dues payment. Thank You!

BUSINESS INFORMATION

Company's Official Name: _____
 Business Physical Address: _____
 Business Mailing Address (If Different): _____
 Telephone Number: _____
 Fax Number: _____
 Website: _____

BUSINESS CONTACTS

PRIMARY CONTACT

ACCOUNTS PAYABLE

Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

CONTACTS WHO WISH TO RECEIVE NEWSLETTERS, EVENT INFORMATION, & LEGISLATIVE UPDATES

Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____

DUES STRUCTURE Type of Membership (*Regular Member, No. Mass. Authority, Branch, Van Lines, or Supplier "Industry Vendor"*): _____

<i>Regular Member:</i>	# of Vehicles: _____	Annual Dues: \$ _____
<i>No Mass. Authority:</i>	Gross Revenue: _____	Annual Dues: \$175
<i>Branch:</i>	# of Vehicles: _____	Annual Dues: \$110
<i>Van Lines:</i>	# of Vehicles: _____	Annual Dues: \$495
<i>Supplier:</i>	Business Type: _____	Annual Dues: \$405

PLEASE ENCLOSE PAYMENT WITH YOUR MEMBERSHIP APPLICATION

Please Check Here If Paying By Check: _____ Check Amount: _____
 Please Check Here If You Wish To Pay With A Credit Card: _____
 CC #: _____ EXP: ____/____ CID: _____
 Billing Address: _____
 Amount to Charge: _____ Name on Card: _____
 Signature: _____ Date of Signed Application: _____

I hereby make this application for membership with Massachusetts Movers Association for one year's membership dues as provided for in this contract. *Membership Dues are per calendar year (January-December).*