



## Specialized Service Member Application

*\*All membership applications are to be approved by the MPTA Board of Directors.*

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Primary Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

### Organization Contacts:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Please share more information about your organization and your services provided:

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Associate Member dues are based on a fiscal year beginning October 1<sup>st</sup>. Annual Dues are \$100 and will be billed upon membership approval.

Please return completed forms to: [Pink@MPTAonline.org](mailto:Pink@MPTAonline.org)