



## Business Partner Membership Application

### Primary Contact

Name:		Title:	
Institute/Business:			
Mailing Address:			
City:		State:	Zip:
Business Phone:		Cell Phone:	
Email:			

### **Business Partner Membership Fee: \$200**

*(Membership includes listing of company logo and contact information on MSAPPA website and membership for one company representative.)*

### **Additional Representatives: \$200 per person (up to \$800)**

Name	Title	Email	Phone

Please email the completed form to: [treasurer@msappa.appa.org](mailto:treasurer@msappa.appa.org).  
An invoice will be emailed to the primary contact listed above.