



Maintenance Superintendents Association Los Angeles and Orange Area Chapter

Membership Application Form

Name: _____ Date: _____

Position: _____

Agency/Company: _____

Street Address: _____

City: _____

Email: _____

(Email is required to receive monthly meeting notices throughout the year)

Business Phone: () – – Fax Number: () – –

PLEASE SELECT MEMBERSHIP TYPE

● *Review page two for a detailed description of each membership type* ●

| REGULAR MEMBER (Public Agencies) | ASSOCIATE MEMBER | VENDOR MEMBER | LIFE MEMBER |
|---|---|---|---|
| <input type="checkbox"/> First Member \$75.00 | <input type="checkbox"/> First Member \$75.00 | <input type="checkbox"/> First Member \$100.00 | <input type="checkbox"/> New Life Member No cost |
| <input type="checkbox"/> Each additional member \$50.00 | <input type="checkbox"/> Each additional member \$50.00 | <input type="checkbox"/> Each additional member \$55.00 | |
| <input type="checkbox"/> Renewal at above costs | <input type="checkbox"/> Renewal at above costs | <input type="checkbox"/> Renewal at above costs | <input type="checkbox"/> Renewal - No Cost |

Name or Title Change: _____ (No Cost)

Other: _____

(Explanation Required)

Amount Enclosed: \$ _____ Send payment with invoice and/or application(s) to:
**M.S.A. Los Angeles Orange Area, 768 N. Fourth Ave,
Covina, CA 91723** (make payable to MSA)

Provide a brief description of your job duties and services or products:

How long have you been a member of this chapter? _____
Months/Years

In accordance with these instructions, and in conformity with all the requirements and regulations set fourth in the Constitution and By-laws of the Los Angeles and Orange Area Chapter of the Maintenance Superintendents Association, the undersigned hereby makes application for membership:

Authorized Signature: _____ Date: _____

| | |
|--|---|
| Office Use: Date Received: _____ Check# _____ Payment Amount: _____ <input type="checkbox"/> Application has been reviewed and submitted to Executive Board for consideration Date: _____ By: _____ | Executive Board Action: Date Received: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> _____ Date: _____ |
|--|---|

