



VENDOR MEMBERSHIP APPLICATION

BUSINESS INFORMATION

Name of Business:		
Year Business opened:	Type of Business:	Phone:
Address:		
City:	State:	ZIP:
Website:	Email:	

BUSINESS REPRESENTATIVE INFORMATION

Name of Rep:		
Address:		Phone:
City:	State:	ZIP:
Email:		

REFERENCES (MUST BE AT LEAST ONE MEMBER)

Name	Address	Phone

PARTICIPATION AGREEMENT

As a vendor member of PMAC you will be required to also be a sponsor or co-sponsor of a meeting. With exception to Special Events which are determined by the event a sole lunch & Learn meeting sponsorship is \$600 and Co-Sponsorships are \$300. Please indicate below by placing Full or COS in the appropriate box for the month(s). Upon approval, you will be invoiced for the month (s) you indicated.

JAN [] - FEB [] - MAR [] - APR [] - MAY [] - JUN []
 JUL [] - AUG [] - SEP [] - OCT [] - NOV []

SIGNATURES

I have attached \$325 for the annual membership fee including the \$25 application Fee. Should this application not be approved \$300 will be promptly returned to the listed business address via USPS, along with a letter of denial. You have every right to appeal this decision at the next board of directors meeting by emailing the PMAC and requesting to do so. By signing below you are authorizing the verification of the information provided on this form as to your professional and ethical business practices.

Signature of applicant:	Date:
Signature of Referrer:	Date:
Signature of PMAC Approval:	Date: