

2010 MEMBERSHIP APPLICATION AND INVOICE

Company Name: _____

Mailing Address: _____

City: Ft Smith State/Zip Code AR

Phone Number: _____ Fax Number: _____

Website: _____

Products Manufactured: _____

Company Representative/Title: _____

Phone Number: _____ Email: _____

Company Alternate/Title: _____

Phone Number: _____ Email: _____

MEA FACTS (Strictly Confidential - data consolidated for all MEA companies):

Please provide latest annual data for:

Number of Employees: _____ Sales Revenue: _____

Capital Expenditures: _____

INVOICE

MEA Membership Dues: \$ 300.00

Governmental Affairs Representation: \$.75 / employee \$ _____

Total Dues \$ _____

Remit to: **MEA**
PO Box 11015
Fort Smith, AR 72917

This application can be completed on-line by visiting www.fsmea.com and by remitting the Total Dues as indicated above.