



Associate Member Application

Associate Member Dues: \$145

Annual Membership: January 1 - December 31

Name _____

Designations: CAE CMP Other: _____

Title _____

Company Name _____

Product or Service:

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> IT - Hardware |
| <input type="checkbox"/> Association Consulting | <input type="checkbox"/> Lobbyist |
| <input type="checkbox"/> CVB | <input type="checkbox"/> Meeting Venue (Non-Hotel) |
| <input type="checkbox"/> Destination Management Company | <input type="checkbox"/> Member Research |
| <input type="checkbox"/> Expo Services | <input type="checkbox"/> New Product Innovation |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Printing/Publishing |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Public Affairs/Advocacy |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> IT - Hardware | <input type="checkbox"/> Speaker/Presenter |
| <input type="checkbox"/> IT - Software | <input type="checkbox"/> Social Media Consultant |
| <input type="checkbox"/> IT - Support | <input type="checkbox"/> Strategic Planning |

Office Address Check if Preferred Address _____

City _____ State _____ Zip _____

Office Phone _____

Home Address Check if Preferred Address _____

City _____ State _____ Zip _____

Cell Phone _____

Email _____

Website _____

Date of Birth _____

Were you referred by an MSAE Member? Yes No

Name of Person Referred by: _____

Are you transferring a current membership? Yes No

Name of Person Transferring From: _____

I would like to be featured in the Member Spotlight!

Please email us a headshot for our Member Directory

Payment Info

Check Number _____

Charge \$ _____ to my: AmEx Discover MC Visa

Credit Card Number _____ Expiration Date _____ Security Code _____

Billing Address _____

City _____ State _____ Zip _____

Email to send Invoices & Receipts _____

Signature _____

Contact Us

Missouri Society of Association Executives
PO Box 1574
Jefferson City, MO 65102-1574

573-659-8898

www.msae.net
info@msae.net