

Arrowhead Manufacturers & Fabricators Association

APPLICATION for Membership:
Government and Educational Entities

Government/Educational Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ Legislative Dist. : _____

Web Site Address: _____

E-Mail Address: _____

Please list two (2) contacts to receive association mailings:

Name: _____ Name: _____

Title: _____ Title: _____

Phone: _____ Phone: _____

E-Mail: _____ E-Mail: _____

Persons to be listed in the AMFA Member/Equipment Service Guide:

Name: _____ Name: _____

FOR EDUCATIONAL INSTITUTIONS:

Manufacturing related courses that you offer: _____

Do you offer customized training services? _____

Student officers to receive association mailings. (Applies to those with a student chapter.)

Name: _____ Address: _____

Name: _____ Address: _____

Signed: _____ Date: _____

Title: _____ Sponsored by: _____

DUES: Annual membership dues are \$200. For an additional \$200 AMFA members will receive a feature article in the "Shoptalk" newsletter and setup on the AMFA web site.

Make checks payable to: AMFA
PO Box 150
Elbow Lake MN 56531-0150

Your application for membership will be presented and reviewed at the next regularly scheduled Board of Directors meeting.

Thank you for your application!