



APPLICATION FOR MEMBERSHIP

Application is hereby made for membership. Our Company is currently a member in good standing of MHI, except in the case of User or Education applicants, which do not require MHI membership. If approved for membership, applicant agrees to abide by the By-Laws/Rules and Regulations as may be amended, and make timely payments of dues and assessments.

Name of Corporation _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Internet Address (www.) _____

The principal types of [Academia | Markets | Media | Products | Services] (use additional pages as required):

Describe your expectations and principal interest in joining:

List address of headquarters if different from above address:

Membership Type (see Rules and Regulations): Supplier Integrator/Consultant User Media Academic

Person(s) who will represent the applicant if approved are:

Name _____ Title _____

Phone _____ Fax _____ E-Mail _____

Name _____ Title _____

Phone _____ Fax _____ E-Mail _____

Name _____ Title _____

Phone _____ Fax _____ E-Mail _____

Name of person authorizing application who verifies that the facts set forth are true and correct:

Title _____ Signature _____ Date _____

Please send completed application to IndustryGroups@mhi.org

www.mhi.org/solutions-community

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