

SAMA Membership Application Form

We hereby apply for membership in the Sarasota-Manatee Manufacturers' Association, and if accepted, agree to abide by the By-Laws of the Association. In accordance with the schedule below, our check for first years' dues will be mailed to the address below.

Company Name _____ Production _____

Address: _____ Purchasing _____

City _____ Zip _____ Phone _____ Fax _____

Chief Executive _____ Products Produced at This Location _____

Title _____

Representative to SAMA _____

Title _____

Home Office _____

Date Established _____ Type of Sub-Contract Work Your Firm is Prepared to Do(If any) _____

Date Established Locally _____

Current Number of Employees _____

Primary SIC Code _____

Web Site Address _____ Email Address _____

Please Submit A Company Brochure or Record of Facilities Which You May Have Available

SAMA dues are payable on an annual calendar year basis. Dues for manufacturers are based on the number of employees as of the first of the year.

SAMA Membership Rates

1-9 Employees _____	\$ 195.00
10-29 Employees _____	\$350.00
30-99 Employees _____	\$425.00
100 Employees & Up _____	\$500.00

This schedule is illustrated on the rate card. Non-manufacturers may apply for an Associate Membership at the rate shown.

Non-Manufacturers may apply for an Associate Membership \$650.00

This Application Submitted by:

Name _____

Title _____

Date _____

Please make check payable and mail to:

**SAMA
PO BOX 22228
Sarasota, FL 34276**