**Association Membership Application Date:** Click or tap to enter a date.

|  |  |
| --- | --- |
| Organization Name | Click or tap here to enter text. |
| Organization Representative | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| E mail address | Click or tap here to enter text. |
| Billing address | Click or tap here to enter text. |
| Office number and cell number | Click or tap here to enter text. |
| Type of Organization (Check One) | Manufacturer  Industrial Operator  Vendor Organization  Associate Organization  Educational Organization  Federal/State/County/City |
| Product or Service Specialty   What do you make?   What do you do? | Click or tap here to enter text. |
| Service/Assistance Desired:   How can KAMMA help?   How will you know that  KAMMA is valuable to you? | Click or tap here to enter text. |
| Service/Assistance Offered:   How do you hope to help KAMMA?   Are you willing to work on Committees? | Click or tap here to enter text. |

**Dues: $200.00/ Calendar Year Invoice Required** YesNo

**Payable to: Kingman and Mohave Manufacturing Association**

**Mail to: Kingman and Mohave Manufacturing Association**

**PO Box 6877, Kingman AZ 86402-6877**

**W*-9 will be provided on request @ 928-377-7426***

**“Thank You” for your interest in KAMMA**