**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 thatKAMMA 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** Yes[ ] No[ ]

**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 @ 928-715-0054***

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