



MEMBERSHIP APPLICATION

www.msca-fl.com

Thank you for your interest and support of the Manufacturing & Supply Chain Alliance of Mid Florida, aka Polk Manufacturing Association!

Organization Name: _____

Designated MSCA Representative & Title: _____

Email: _____

Site Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext.: _____ Fax: _____

Web Address: _____

Additional MSCA Representatives:

Name: _____ Title: _____

Email: _____ Phone: _____ Ext.: _____

Name: _____ Title: _____

Email: _____ Phone: _____ Ext.: _____

Number of Total Employees: _____ In Polk County Only: _____

Corporate Accounts Payable Contact and email address for future invoicing of membership:

Updated Company Profile: (50 words or less):

**Manufacturer or Supply Chain
(\$500)**

All Other Organizations (\$750)

Mail this form with your check payable to:

MSCA , 4798 S. Florida Ave #200, Suite 200; Lakeland, FL 33813 Or

Contact Us for an On-Line Payment Option

FEIN: 30-0412824 501(6)c

For more information contact Bill Crowe ,Director 561-248-3272

or bill.crowe@msca-fl.com