



## NEW YORK STATE MESSENGER & COURIER ASSOCIATION

Post Office Box 106, New York, New York 10024  
Phone 646.789.4472 | Fax 212.721.1620 | website: www.nysmca.org

### ASSOCIATE MEMBER APPLICATION

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby apply for membership in the New York State Messenger & Courier Association, Inc. and agree to comply with the By-Laws and rules and regulations of the Association; to observe all principles of ethics; and at all times, to promote the welfare of the Association and of the industry.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Member (suppliers) - \$525

Payment Method:     Check     American Express     Master Card     Visa

Cardholder Name: \_\_\_\_\_

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVS \_\_\_\_\_

Signature: \_\_\_\_\_