



## 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

### MEMBERSHIP APPLICATION

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

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

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

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

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

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

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

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

Do you operate (check all that apply):  Vehicles  Bikes  Foot

How many employees?: \_\_\_\_\_ How many years in 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. I confirm that my company is paying for the proper dues amount based on the total sales of my company.

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

### DUES STRUCTURE

COMPANY SALES	DUES
<input type="checkbox"/> Under 1 million	\$ 295
<input type="checkbox"/> 1 – 3 million	\$ 595
<input type="checkbox"/> 3 – 5 million	\$ 995
<input type="checkbox"/> Over 5 million	\$ 1,295
<input type="checkbox"/> Introductory rate	\$ 99

Payment Method:  Check  American Express  Master Card  Visa

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

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

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

Please complete and return with your payment to: NYSMCA, Post Office Box 106, New York, NY 10024