

MCA Membership Application

Date: _____

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

E-mail: _____ Web: _____

Membership Category: *Please check appropriate box.*

Operator

Single Location \$200 **Multiple Locations \$400 (indicate number here: _____)**

Supplier (Includes, but not limited to, Distributors, Manufacturers, Consultants, Vendors, Lenders, Brokers) **\$300**

Application Fee:

\$50 - New Member Application Fee

\$35 - Former Member Reinstatement Fee (former members whose membership has expired by 6 months or more)

Additional Mailings: *Members receive informational emails. If you would like to have additional members of your staff receive these emails, please list them on a separate sheet of paper.*

Payment:

Total Amount Due: _____ Method of Payment (must be included with registration):

Check enclosed (payable to **Mid-Atlantic Carwash Association**)

Visa MasterCard American Express Discover

Mid-Atlantic Carwash Association
550M Ritchie Highway, #271 Severna Park, MD 21146

Phone: 410-647-5780

Toll-Free: 888-378-9209

Fax: 410-544-4640

Email: info@mcacarwash.org

On-line membership registration at www.mccarwash.org

Office Use: Check # :

Date Rec'd:

Date Approved:

Date Entered:

Signature

Card # Exp /