



TYPE OF MEMBERSHIP

Manufacturer Supply Chain Associate Affiliate _____

COMPANY INFORMATION

Company Name:		DBA (If Different)	
Address:		City:	
		State:	Zip:
Website:	Twitter:	LinkedIn:	
Number of Employees:		Years in Business:	
Description of Business:			

CONTACT INFORMATION

Primary Contact:		Job Title:	
Email:	Phone:	Cell:	
Secondary Contact:		Job Title:	
Email:	Phone:	Cell:	

ADDITIONAL COMPANY REPRESENTATIVES TO RECEIVE CAMPS EVENT NOTICES

Name:	Job Title:	Email:
Name:	Job Title:	Email:
Name:	Job Title:	Email:
Name:	Job Title:	Email:
Name:	Job Title:	Email:
Name:	Job Title:	Email:
Name:	Job Title:	Email:
Name:	Job Title:	Email:
Name:	Job Title:	Email:

MEMBERSHIP AGREEMENT

_____ (company name) desires to become a member of CAMPS. Upon receiving membership committee approval and upon paying our annual membership dues of \$ _____ immediately UPON receiving the invoice for them, we will be authorized to take full advantage of the rights and privileges accorded each CAMPS member in good standing.

We realize one of the benefits is associating with other fellow manufacturers and support organizations, and taking full advantage of this opportunity entails full participation including having our company represented at least one of the meetings held each month.

Signed:	Date:
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