



Multi-Cultural
Convention Services Network

NETWORK PARTNERS (AFFILIATE) MEMBERSHIP APPLICATION

COMPANY / CONTACT INFORMATION

Mr. Ms. Mrs. Dr. Other _____

Company/Organization _____

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Telephone _____ FAX _____ E-mail _____

FOR PUBLICATION

Company/Organization _____

Address _____ City _____ State _____ Zip _____

Telephone _____ FAX _____ E-mail _____

Web Address _____ Business Category _____

Business listing information for publication and/or internet (30 words or less) _____

BILLING

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Telephone _____ FAX _____ E-mail _____

Authorized by: _____ Title _____

Signature X _____ Date _____

Partner-to-Partner discount offered Yes MBE (Minority Business Enterprise) WBE (Women Business Enterprise)

**MEMBERSHIP PAYABLE BY CHECK OR CREDIT CARD - \$250 BUSINESS ANNUALLY/ CORPORATE \$1,000 ANNUALLY
STUDENTS \$40 ANNUALLY**

Make checks payable to MCCSN

MasterCard Visa American Express

Account Number _____ Expiration Date _____

Credit Card Holders Name _____

Credit Card Billing Address _____

Dues are payable annually in advance and are non-refundable, contributions or gifts to MCCSN are not deductible as charitable contributions for Federal Income Tax purposes. However, dues payments may be deductible as an ordinary and necessary business expense. Membership does not grant in or rights to use the intellectual property of MCCSN.

OFFICE USE ONLY

Account # _____

Amount Dues _____

Date Joined _____

Check # _____

Billing Start Date _____

Date Received _____