



maryland staffing association

MEMBERSHIP APPLICATION

Company: _____

First Name: _____ Last Name: _____ Suffix: _____

Job Title: _____

Business Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

District: Metro Baltimore Eastern Shore Western MD Southern MD

Bus. Tele: _____ Ext: _____ Bus Fax: _____

Email: _____ Web Site: _____

- Membership [Check one]: Staffing Company Vendor Associate
- To be completed by Staffing Company: Single Office Multiple Office
- Number of branch offices in Maryland Please attach a list of each branch and a contact person.
- Company type: Independent National Regional

Staffing niche [Check all that apply]

- Accounting Advertising Banking Communications
- Construction Customer Service Data Processing Desktop Publishing
- Electronics Environmental Finance Graphics
- Healthcare Hospitality Human Resources Import/Export
- Industrial Legal Management Manufacturing
- Marketing Medical [clerical] Multimedia Office Support
- Purchasing Real Estate Retail Sales
- Technical Transportation/Distribution
- Other: _____

- To be completed by Vendor Associate:
 - What product or service do you offer? _____
- Committee Interest [Check one.]
 - Legislative Membership Programs Newsletter SEW/PYI
- Is your company a member of the American Staffing Association [ASA]? Yes No

DUES: Staffing/Single Office - \$250.00 Staffing/Multiple Office - \$300.00 Vendor Associate - \$300.00

Make checks payable to "Maryland Staffing Association" and mail to the address at the bottom of this form.

Signature _____

Date _____

For MSA internal use only:
P.R. # _____