

**Membership Form**

**Company**:

**Company website**:

**Address**:

**Primary Contact Name**:
(*will receive invoices and communication from MBIPC)*

**Primary Contact Phone Number**:

**Primary Contact Email**:

**Membership Level**: [ ]  Corporate ($750\*) [ ]  Associate ($500\*) [ ]  Individual ($250\*)
*\*Denotes annual dues. For more information on membership level and associated benefits, visit* [*https://www.mbipc.org/become-a-member*](https://www.mbipc.org/become-a-member)*.*

**Government Relations Member:** [ ] Yes [ ]  No

**Government Relations Pledge:**

**Email questions and/or completed form to**Tom Judd, Executive Director at: tom.judd@mbipc.org