



EQUIPMENT AND METAL MANUFACTURING ASSOCIATION MEMBERSHIP APPLICATION

By completing the application below and paying the required dues the applicant signifies agreement with the purpose and mission of EMMA of making the equipment, machinery and metal manufacturers in Western Wisconsin, Eastern Minnesota, and Northeast Iowa globally competitive and the region prosperous through networks, strategic alliances and a highly skilled workforce.

Please fill out the form below and enclose your organization's membership dues check made payable to EMMA. Once we receive your completed application, we will forward your membership materials to get you started participating in EMMA programs. We look forward to having you join us!

Business or Organization Name

Business or Organization Web Site Address

Please check the category that best describes your type of business or organization. Please check only one.

- | | | |
|----------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Equipment, Machinery and Metal Manufacturer | <input type="checkbox"/> Health Plan/Insurer | <input type="checkbox"/> Student |
| <input type="checkbox"/> Other Manufacturer | <input type="checkbox"/> Heat Treating | <input type="checkbox"/> Supplier |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> High School or College Business/Trade Organizations | <input type="checkbox"/> Testing Facility Services |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Human Resource Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Construction | <input type="checkbox"/> IT/Software | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Local/State/Federal Government | <input type="checkbox"/> Workforce Development Organization |
| <input type="checkbox"/> Economic Development Organization | <input type="checkbox"/> Product Provider | <input type="checkbox"/> Other (write below) |
| <input type="checkbox"/> Engineering & Design | <input type="checkbox"/> Real Estate, Rental & Leasing | _____ |
| <input type="checkbox"/> Equipment, Rental & Leasing | <input type="checkbox"/> Research and Development | _____ |
| <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Service Provider | _____ |
| <input type="checkbox"/> Health Care Provider | | _____ |

Primary Contact First Name

Last Name

Middle Initial

Title

Business or Organization Mailing Address

City

State

Zip Code

E-mail Address (preferred email address only please)

Area Code and Telephone Number

Describe the primary product or service your company or organization makes or provides: _____

To assist EMMA in helping your company or organization network, cost share and resource pool with other members please complete the "EMMA Membership Survey" on our web site and return it with this application and your membership dues.

Annual Membership Dues Check Enclosed for: (Check One) Please make checks payable to EMMA.

- | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> \$50 Student | <input type="checkbox"/> \$250 16-30 employee business |
| <input type="checkbox"/> \$75 High School or College Business/Trade Organization | <input type="checkbox"/> \$300 31-50 employee business |
| <input type="checkbox"/> \$75 New Manufacturing Business (less than 3 years old) | <input type="checkbox"/> \$325 51-99 employee business |
| <input type="checkbox"/> \$100 1 employee business | <input type="checkbox"/> \$375 100-199 employee business |
| <input type="checkbox"/> \$150 2-5 employee business | <input type="checkbox"/> \$425 200-499 employee business |
| <input type="checkbox"/> \$225 6-15 employee business | <input type="checkbox"/> \$500 500 or more employee business |

Please return application, survey and check to:

EMMA
1707 Main Street, Suite 240
La Crosse, WI 54601
Questions? Phone: 608-785-9396 or Email: emma@mrrpc.com