

*Please Join Us!*



**Middle Atlantic College Stores, Inc.**  
www.macs.org

**MACS Vendor Membership Application**

*Please print legibly*

Company Name: \_\_\_\_\_

All correspondence from MACS should be sent to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Territory:            \_\_\_ Eastern PA    \_\_\_ Western PA    \_\_\_ New Jersey    \_\_\_ Maryland  
                         \_\_\_ Delaware    \_\_\_ Dist. Of Columbia    \_\_\_ West Virginia    \_\_\_ National

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Product/Service Description: \_\_\_\_\_

Other Personnel to be included in MACS directory (please feel free to attach additional names):

Name	Title	Territory	Phone	Fax	E-mail
_____					

We thank you for your support Middle Atlantic College Stores. Membership entitles your store/company to:

- An invitation to the **MACS Annual Meeting and Buying Show** every fall
- An invitation to the **Super Regional Meeting & Buying Show** every spring
- Access to and company listing in the MACS online membership directory
- MACS newsletters filled with information relevant to the stores in our area
- An invitation to our **MACS @ NACS** reception held at CAMEX
- Invitations to the MACS summer camps and events

**Amount Due:    \$100.00**

**Make check payable to: MACS**

Or Visa or MasterCard Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Send Inquiries to:** Michelle Gaeta Tipton,  
Membership Chairperson  
GCS Dragon Store  
12793 Folly Quarter Road  
Ellicott City, Maryland 21042  
410-531-7367  
tipton@glenelg.org

**Remit to:** William Rainey, Treasurer  
Monmouth University Bookstore  
Rebecca Stafford Student Center  
West Long Branch, NJ 07764  
Fax: 732-263-521

Membership in MACS is subject to board approval.

Your credit card will not be processed or your check will be returned if you are not approved for membership in MACS.

Office use: Date rec: \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount: \_\_\_\_\_ Method of payment: \_\_\_\_\_ form update 1-09