

Please Join Us!



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

MACS Vendor Membership Application

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 and 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 mini-nars and events

Amount Due: \$100.00

Make check payable to: MACS

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

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

Remit to: MACS
C/o Bonnie Davis, Membership Chairperson
319 Pratt Drive
Indiana, PA 15701
or Fax to: 724-357-3148 email bondavis@iup.edu

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: \_\_\_\_\_