



MASS Membership Application

COMPANY INFORMATION

Company Name _____

Check type(s) of placements

- Permanent
- Temporary
- Contract

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

Owner/Manager Name _____

OTHER CONTACTS

(TO RECEIVE INFORMATION/MAILINGS)

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

MEMBER SERVICE CATEGORIES

Classes of membership in MASS shall be restricted to companies who subscribe to the ethical considerations of the Association and whose principle business activities are defined below:

Accounting/Finance	EEO/Minorities	Marketing/Sales
Administrative/Secretarial	Electrical	Medical
Advertising/Public Relations	Electronics	Mortgage
Agriculture	Energy	Paper/Pulp
Automation	Engineering	Personnel/Industrial Relations
Automotive	Environmental	Pharmaceutical
Automotive Dealerships Management	Executive Search	Printing/Packaging
Banking	General	Purchasing
Building/Construction	Hotel/Restaurant	Retail Management
Career Management/Transition Services	Human Resources	Sales
Chemical/Petroleum	Industrial	Securities/Investments
Clerical/Office Support	Information Technology	Technical/Scientific
Credit/Collections	Insurance	Telecommunications

Dental
Distribution/Transportation

Legal
Manufacturing/Production

Temporary/Contract

DUES SCHEDULE:

Annual Membership Dues

\$300.00

(Dues payable upon Enrollment)

*THE FOLLOWING MEMBERS SHALL HAVE VOTING RIGHTS:

Company conducting business in the state of Michigan for the purpose of securing suitable employment for individuals through appropriate personnel placement, recruitment and selection procedures and whose fees for such purposes are chargeable either to the individual or the employer; agents providing training, counseling or outplacement services for companies, organizations or corporations and whose fees for such services are chargeable to the employer.

Make check payable to: **MASS**
I/C/O Snelling Staffing Services
29777 Telegraph Road
Suite 1311
Southfield, MI 48034

Cardholder Name _____ Card Type _____

Card Number _____ Exp. Date _____

Signature _____

MEMBER AFFIDAVIT

I have read and hereby subscribe to the ethical and professional standards of MASS, recognizing in them sound business principles. I accept them as a requirement for holding membership in MASS and acknowledge by my signature the violation of any section subjects me to expulsion by the MASS Board of Directors as provided by the bylaws. You may contact any officer for further information.

Signature/Title _____ Date _____