



MICHIGAN
ASSOCIATION OF STAFFING SERVICES
2007 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 _____

BRANCH OFFICES

(\$100 ADDITIONAL FEE PER BRANCH OFFICE – TO BE INCLUDED IN DIRECTORY AND WEB SITE)

Branch Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

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 | Legal | Temporary/Contract |
| Distribution/Transportation | Manufacturing/Production | |

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.

Branch Offices **\$100.00 each**

(\$100 for Each Additional Branch))

Make check payable to: Michigan Association of Staffing Services

or

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 _____

Please mail to: MASS, PO Box 963, Grand Blanc, MI 48480-0963 or Fax: (810) 695-3640