



MEMSPA Recommended Assemblies Application

Applicant Information

Company: _____ Applicant: _____

Address: _____

Street Address

City

State

ZIP Code

Phone: _____ Email _____

Website: _____

Audience Level Elem Middle

References

Please list three Principal references.

Full Name: _____ Position: _____

School: _____ Phone: _____

Full Name: _____ Position: _____

School: _____ Phone: _____

Full Name: _____ Position: _____

School: _____ Phone: _____

Application Fee: \$150

Payment Selection: **Check Enclosed** **Credit Card #** _____

Exp Date ___/___/___ **CVV:** _____ **Name on Card:** _____

Signature: _____

Billing Address: _____ **City/Zip:** _____

Signature: _____ Date: _____

Mail Application & Payment to: MEMSPA, 1980 N College Road, Mason MI 48854