

2001 MAAPC New Member Information Form and Invoice

This information will be included in the membership directory. Please complete this form with the information exactly as you would like it to appear. If you have no input for a particular heading (ie Other Offices or Associations) please leave it blank.

Firm Name: _____

Street Address: _____

City, State, Zip: _____

Business Phone: _____ Fax: _____

E-Mail: _____

Web site: _____

Owner: _____

Number of Consultants: _____

Other Offices: _____

Other Associates: _____

We are ACC/Telecom Users: _____ Yes _____ No

In addition to the above, the Directory contains a separate section in which member firms are listed under specific disciplines. Please check the disciplines under which you want your firm listed.

Accounting/Bookkeeping _____	Insurance _____
Admin Support/Clerical _____	Legal _____
Banking/Finance _____	Marketing/Sales _____
Chemical/Environmental _____	Medical/Health Care _____
Information Technology _____	Scientific _____
Human Resources _____	Tech/Engineering/Manuf _____
Full Service Firm _____	Telecommunications _____
	Temporary Help Service _____

If you checked the Temporary Help Service discipline above, you have the following temp disciplines from which to choose:

Accounting _____	Business Services _____
Call Center/Telemarketing _____	Legal _____
Light Industrial _____	Medical _____
	Technical/Engineering _____

As a member of MAAPC, I agree, on behalf of my company, to abide by the MAAPC Standards of Business Practices, the MAAPC Network Rules and Regulations, and the MAAPC Bylaws.

Name _____ (Title) Date _____

Amount remitted: \$150.00 (principal location) _____ \$50.00 (Satellite office) _____

Please make check payable to MAAPC and remit with this form to:
David Perry Associates
525 Route 73 South, Suite 201
Marlton NJ 08053

Please direct all questions regarding membership to the Membership Chairperson,
Frank Sucharski, I/S Computer Services, Inc
215 355 5380, or fsuch@iscompserv.com