



ASSOCIATE MEMBERSHIP AGREEMENT

Yes, please enroll our firm as a:

- Associate
- Bronze
- Silver
- Gold Member of MFCP.

Our check for \$_____, and a brief description of the company for the directory, are enclosed. All mail or other communications should be sent to:

Company Name: _____

Street Address: _____ **PO Box:** _____

City, State and Zip Code: _____

Contact Person: _____ **Title:** _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Web Site: _____

Signature and Title of person filling out form:

_____ **Date:** _____

Please send this agreement to:

Midwest Community Free Papers
29160 Hell Hollow Road
Richland Center, WI 53581

Included with Application:

- Dues check (\$_____)
- Brief description of the company for the MFCP Directory
- Short statement of services for the MFCP Newsletter