



Application for Associate Membership

Enclosed are applications for group and individual associate memberships. Please do not hesitate to contact MAFA Membership Chair Dave Banks at mafamemberchair@gmail.com or 757-258-8632 with any questions you may have.

The Mid-Atlantic Fiber Association looks forward to receiving your application and welcoming you as an associate member.

Group application—page 2

Individual application—page 4

Frequently Asked Questions Regarding Associate Membership

Who qualifies as an associate member?

Associate membership is open to interested commercial enterprises, institutions, schools, organizations not considered fiber arts guilds, and any individual who does not belong to a MAFA member guild.—Bylaws, Article III, Section 2

What is the length of the associate membership term?

One year. Dues are set by the Board of Directors and approved by Member Guilds. They are payable by Oct. 1 of each year or upon acceptance of membership.—Bylaws, Article III, Section 4

For example, if an associate member pays dues to join in June, dues will be payable again Oct. 1 of that year and each subsequent year.

Does an associate member have voting representation in MAFA decision-making?

Associate members shall have no voting representation.—Bylaws, Article IV, Section 4

What are the tangible benefits to associate membership?

Associate members receive conference registration materials and are eligible to attend MAFA conferences and other events. Associate members also receive email notification when a new issue of *Threadlines*, MAFA's semi-annual online newsletter, has been posted to MAFA's website: www.mafafiber.org



Application for Associate Membership

Business, Institution or Other Group

Please submit the following information along with your dues payment to the address shown below. The Membership Chair will acknowledge your application.

Name of Associate Group Member:

Mailing Address of Above:

Group Phone Number: _____ Email Address: _____

Web URL: _____

What best describes your group: _____ commercial enterprise _____ institution
_____ organization _____ school
_____ other (describe) _____

Group Contact Person:

Office or Position:

Mailing Address:

Phone Number _____ Email address: _____

If you wish you may enclose informational literature with your application.

Please submit dues payment of \$10 payable to Mid-Atlantic Fiber Association with the application to:

Mid-Atlantic Fiber Association
Membership Chair—Applications
P.O. Box 5053
Delanco, NJ 08075

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Application for Associate Membership

Individual

Please submit the following information along with dues payment. The Membership Chair will acknowledge your application.

Please provide e-mail addresses since these will be used for most communication unless you specify otherwise.

Name of associate individual member: _____

Mailing Address: _____

Phone Number: _____

Email address: _____

Web URL: _____

Are you interested in learning about member guilds in your area? yes no

If you wish, you may enclose informational literature with your application.

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