



MERSC Organizational Membership

Company/Business Name: _____

Company Address: _____

City: _____ State: _____ ZIP: _____

MERSC Rep Name:

MERSC Rep Email: _____

Phone: _____

Number of Employees: _____

Years in Business: _____

MERSC Rep Signature:

Annual Dues: \$175.00 per business location to be paid upon receiving invoice