

To join MSPA Americas, please complete the information on this application along with submitting the following:

- Proof of business (i.e. articles of incorporation, insurance records, or business license)
- Three client references (complete with company name, contact name, email and phone number.)
- List of all business owners

CONTACT INFORMATION

Parent Company: _____

Primary Contact Name: _____

Primary Contact Title: _____

Address: _____

City: _____

State/Province: _____ ZIP/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Cell: _____

Email (Please provide an individual email address, instead of general contact): _____

Website Address: _____

Sales Contact Name: _____ Sales Email Address: _____

Scheduler Contact Name: _____ Scheduler Email Address: _____

I agree to the MSPA Americas Code of Ethics and Professional Standards.

For which membership type are you applying?

Associate – \$1350 – Provides a product or service to MSPs

International Affiliate – \$300 – Member of another MSPA Region: Europe Asia/Pacific

I have additional company locations to include in our membership. You can add additional Companies/Brands owned by the Parent Company or Additional Locations. See below: *Fill in Contact Information for the additional company/locations on Page 2 of this application.*

Different Company/Brand:

If your company owns more than 50% of another company operating as a different brand, you can include that company as part of your membership. The company/brand will be treated just as any regular member of the association; company location listing on the website which includes the company logo and URL, included in the Provider Search function on the site, mailings, and access to all member benefits in the Members Only section of the website. Dues for the whole company should be based on total revenue for all companies. **The extra cost for each of the other companies/brands is \$375 per each company annually.**

Additional location:

If your company has more than one physical location in North America under the same name, that location can be included in the database and will be listed on the website and included in the Provider Search on the site. – **\$100 annually.**

PAYMENT

Check Visa Mastercard AMEX Discover

Account Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Membership total:

Membership Dues Amount _____

Dues for Additional Company/Brand _____ x \$375 _____

Dues for Additional Locations _____ x \$100 _____

TOTAL PAID _____

Mail to Candice Zavatsky | MSPA Americas | 326 East Main Street | Louisville, KY 40202

Fax to Attn: Candice Zavatsky | 502.589.3602

Email to Candice Zavatsky | CZavatsky@hqtrs.com

CONTACT INFORMATION

Please fill in the appropriate contact information for the total number of locations being added.

Company: _____

Contact: _____

Contact Title: _____

Address: _____

City: _____

State/Province: _____ ZIP/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Cell: _____

Email (Please provide an individual email address, instead of general contact): _____

Website Address: _____

Sales Contact Name: _____ Sales Email Address: _____

Scheduler Contact Name: _____ Scheduler Email Address: _____

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Website Address: _____

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Scheduler Contact Name: _____ Scheduler Email Address: _____