

Company Membership Application



6301 Ranch Drive, Little Rock, AR 72223 • (800) 216-CMSA
 (501) 225-2229 • Fax (501) 221-9068 • Email: cmsa@cmsa.org

Form can be downloaded at www.cmsa.org

ADDRESS INFORMATION Please Print

COMPANY NAME			WEBSITE		
CONTACT NAME		CONTACT TITLE		CREDENTIALS	
COMPANY ADDRESS (include floor, suite, or mail stop numbers if applicable)					
CITY		STATE		ZIP	
PHONE	FAX	EMAIL			

Renewal notices and correspondence will be addressed to the individual listed above.

COMPANY MEMBERSHIP TYPE Select One Level. For higher levels, contact CMSA for a quote.

REFERRED BY: _____

Membership Level	Quantity of Memberships	Cost of Membership	Membership Level	Quantity of Memberships	Cost of Membership	Membership Level	Quantity of Memberships	Cost of Membership	Membership Level	Quantity of Memberships	Cost of Membership
<input type="checkbox"/> CO-5	Up to 5	\$775.00	<input type="checkbox"/> CO-30	Up to 30	\$4,440.00	<input type="checkbox"/> CO-55	Up to 55	\$7,865.00	<input type="checkbox"/> CO-80	Up to 80	\$11,440.00
<input type="checkbox"/> CO-10	Up to 10	\$1,550.00	<input type="checkbox"/> CO-35	Up to 35	\$5,180.00	<input type="checkbox"/> CO-60	Up to 60	\$8,580.00	<input type="checkbox"/> CO-85	Up to 85	\$11,900.00
<input type="checkbox"/> CO-15	Up to 15	\$2,325.00	<input type="checkbox"/> CO-40	Up to 40	\$5,920.00	<input type="checkbox"/> CO-65	Up to 65	\$9,295.00	<input type="checkbox"/> CO-90	Up to 90	\$12,600.00
<input type="checkbox"/> CO-20	Up to 20	\$3,000.00	<input type="checkbox"/> CO-45	Up to 45	\$6,525.00	<input type="checkbox"/> CO-70	Up to 70	\$10,010.00	<input type="checkbox"/> CO-95	Up to 95	\$13,300.00
<input type="checkbox"/> CO-25	Up to 25	\$3,750.00	<input type="checkbox"/> CO-50	Up to 50	\$7,250.00	<input type="checkbox"/> CO-75	Up to 75	\$10,500.00	<input type="checkbox"/> CO-100	Up to 100	\$13,600.00

SIGNATURE AND PAYMENT INFORMATION

CHECK MONEY ORDER. Enclose amount in US dollars for the total amount due. **Make checks payable to CMSA.** Company Rates are for US fees only and do not apply to International Rates.

CHARGE: Please include card number and expiration date with change orders. VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NO. EXPIRATION DATE SECURITY CODE ON BACK

CARDHOLDER NAME (Please Print) _____ AMOUNT ENCLOSED \$ _____

SIGNATURE _____ DATE _____

Upon payment, CMSA will email Company Online Portal instructions to the Company Contact on the application. The Contact will use the online portal to invite and transfer memberships. CMSA members cannot be added to the Company Membership account until their current Individual Membership expires.

FOR OFFICE USE ONLY

SIGNATURE _____ DATE _____