



# Membership Order Request Form

For State Government, Local Government, and Education Organizations

## SECTION I: Organization & Contact Information

Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Org. Type: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

## SECTION II: MEMBERSHIP ORDER INFORMATION

How many memberships will you be ordering? \_\_\_\_\_

Current Membership Rate: \_\_\_\_\_

#	FIRST & LAST NAME	EMAIL ADDRESS	TITLE	MEMBER TYPE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

<b>SUBTOTAL:</b>	
<b>TAX:</b>	
<b>GRAND TOTAL:</b>	

Please send this completed form to [Memberships@mstug.org](mailto:Memberships@mstug.org) to receive a formal quote.