



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: _____

Do you need a PO or Invoice? _____

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

SUBTOTAL:	
TAX:	
GRAND TOTAL:	

Please send this completed form to accountspayable@mstug.org to receive a formal quote.

Mississippi Technology User Group
MAGIC ID: 3100026280
PO Box 3586
Jackson, MS 39207
www.mstug.org