



MACUMA

Affiliate Membership Renewal Form 2019

Membership Information

Company Name:

Information Update

Directory Information

Address:

Phone:

Fax:

Website:

Staff

Please list any staff members you would like to have associated with your company's account. Please indicate whether each person should appear in the directory. Also, please select online one person to be the Primary billing contact and/or the primary company contact.

Name	Title	Email	Phone Number	Include in directory (Y/N)	Primary billing contact	Primary contact



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Payment Information

Note: Your dues tier from last year has been pre-populated. If your employee number has changed, please indicate so below.

Tier	Dues	Current Tier
Affiliate Dues	\$349	
Small Staff Affiliate (1-2 Employees)	\$599	

Amount Due:

How to pay

Payment method: Credit card _____ Check _____ (Check payments are preferred.)

Upon processing, your membership will be current through December 2019.

Please return this form and payments to:

MACUMA
1300 Piccard Drive, Suite LL 14
Rockville, MD 20850

Credit card information

Total Authorized: _____

Card number: _____ Expiration date: _____

CVV number: _____ Name on card: _____ Billing Zip: _____

Signature: _____ Date: _____