



2019 MABEC MEMBERSHIP APPLICATION

Company: _____

Representative to MABEC: _____

Address: _____

City / State / Zip: _____

Email: _____ Phone: _____

Membership Category

Sustaining Membership (including Board seat)	<input type="checkbox"/> \$2,700
Industry Membership	<input type="checkbox"/> \$1,100 (25+ employees) <input type="checkbox"/> \$500 (1-25 employees)
Government/Non-Profit/Academia Membership	<input type="checkbox"/> \$500
Student Membership	<input type="checkbox"/> \$35

I understand that all memberships except for student memberships extend to all employees of my organization and will end at the end of this calendar year.

I would like to automatically renew my membership at the end of each calendar year.

Authorized Signature for Applicant: _____

- I am interested in serving on the Policy Committee
- I am interested in serving on the Education, Outreach, & Membership Committee
- I am interested in serving on the Organics Recycling Committee

AMOUNT ENCLOSED: \$ _____ *Make check payable to: MABEC*

Remit membership application form and check to:

MABEC
 1211 Connecticut Ave, NW, Suite 650
 Washington, DC 20036
 Phone: (800) 507-0308

Email: team@mabec.org