County Partner Application

Previously named "Affiliate Partner"

Company/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Address to publish on MAS website? ☐ Mailing Address or ☐ Physical Address

Contact Name: _____
(This person will be listed as contact person on website and in magazine, ***Inside County Lines***.)

Contact Phone: _____ Alternate Phone: _____

Contact Cell: _____ Contact Fax: _____

Contact email: _____

Company Website: _____

County Partner Membership Dues: $900 (Payable upon acceptance.)

Business Type: (choose two)

Please select up to two keywords for your firm's e-directory listing:

☐ Architecture
☐ Asset Management
☐ Banking / Financial Services
☐ Communications
☐ Construction / General Contractors
☐ Consultants / Project Managers
☐ E-government
☐ Elections
☐ Employee Benefits
☐ Energy
☐ Engineering
☐ Environmental
☐ Heavy Equipment
☐ Healthcare
☐ Insurance
☐ Law Firm / Legal Services
☐ Prison Services
☐ Professional Services / Trades / Suppliers
☐ Retirement Planning
☐ Technology Services
☐ Transportation
☐ Other: _____

For Office Use Only:

☐ New or ☐ Renewal Application
☐ Date Received: _____
☐ Date Approved: _____
☐ Dues paid
☐ Web Listing
☐ Directory Listing
☐ Electronic Mailing List
☐ Magazine/Blue Book

County Partner Application

Please provide a short company description (100 words or less) as you wish it to appear on MAS website: _____

_____

_____

Affirmation:

Applicant must initial each statement below to indicate acceptance of terms.

_____ *The acceptance of any vendor as a County Partner shall not constitute an endorsement by MAS of any service or product provided by the vendor.*

_____ *The Board of Directors of MAS reserves the right to disapprove an application or terminate an existing County Partnership.*

_____ *In no case shall a County Partner use the name of MAS, or the MAS logo, in any promotion to any county or other individual entity, except to the extent the vendor is concurrently involved in a co-sponsorship program agreement with MAS and holds a signed agreement form indicating such permission for use.*

_____ *County Partner acknowledges that it has been advised that public officials are subject to the Mississippi Ethics (§ 25-4-1 et seq.) and Public Purchasing Laws (§ 31-7-1 et seq.). County Partner understands that, if applicable, the Mississippi Lobbying Reform Act of 1994 (§ 5-8-1 et seq.) may apply.*

By submitting this County Partner membership application, you indicate that you have read and agree to these terms.

_____

Signature of Company Representative Date

_____

Print Name Title/Position