



<b>THIS SPACE FOR OFFICE USE ONLY (V.2-03/09)</b>
Date rec'd in acctg. _____
Amt. _____
New member I.D. # _____

# MRC COUNCIL APPLICATION

or join online at [www.sema.org/mrc](http://www.sema.org/mrc)

**Yes, I want my agency to be a member of MRC.**

(Company must already be a SEMA member.)

**Send me more information on SEMA.**

Company Name \_\_\_\_\_

Main Contact \_\_\_\_\_

E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code (ZIP) \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Company Website \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code (ZIP) \_\_\_\_\_ Country \_\_\_\_\_

**Business Description** (must be completed, 25 words or less) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Manufacturers Rep Council (MRC)

Manufacturers Reps Only      \$150

Check or money order enclosed payable to **SEMA** (U.S. dollars).

Circle one: VISA      MasterCard      American Express

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CW # (required)\* \_\_\_\_\_  
**\*Visa/MasterCard:** The last 3 digits of the card number printed in the signature space on the back of the card.  
**\*American Express:** The 4-digit number printed above and to the right of the raised number on the front of the card.

Cardholder's Name \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code (ZIP) \_\_\_\_\_

Signature \_\_\_\_\_

Council dues are nonrefundable. Membership dues subject to change without notice