



THIS SPACE FOR OFFICE USE ONLY (V.2-03/09)

Date rec'd in acctg. _____

Amt. _____

New member I.D. # _____

MPMC COUNCIL APPLICATION

or join online at www.sema.org/mpmc

Yes, I would like my company to be a member of MPMC.

(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) _____

Motorsports Parts Manufacturers Council (MPMC)

Manufacturers Only \$100

Applicants must meet membership criteria.

Who should we thank for referring your company to the MPMC Council?

Name _____

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