

AMA, INC.

Application for Membership

I hereby make application for membership in AMA, Inc. (AMA) agreeing to conform to its by-laws and any amendments thereof. I understand and agree that any membership fees may be deducted from any monies remitted by me, whether referred to as dues, administrative fees or premium. I also acknowledge that there is a one-time enrollment fee of \$250. If I am not accepted into the association, the enrollment fee is refundable.

Signing below constitutes an agreement to conform to the AMA's by-laws and the terms and conditions set forth herein.

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Date of Birth: _____

Social Security #: _____

Names & SS#'s of Dependents (if not single policy):

Employer Name, Address & Phone #:

Signature: _____ Date: _____

COMPANY NAME

STREET/SUITE/APT.#

CITY/STATE/ZIP

To Whom It May Concern:

_____ designates AMA, Inc. as its agent for the purpose of labor relations with labor organizations and other labor related matters. This includes, but is not limited to, collective bargaining of wages, hours and working conditions, grievance administration, health benefits and billing/collections for welfare fund and dues.

Please contact this office if you have any questions regarding this matter.

Yours truly,

Authorized Signature