

MISSISSIPPI ASSOCIATION OF SUPERVISORS AFFILIATE PARTNER APPLICATION



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 in electronic County Connections directory and will receive all MAS mailings.)

Contact Phone: _____ Alternate Phone: _____

Contact Cell: _____ Contact Fax: _____

Contact email: _____

Company Website: _____

Business Type:
(choose two)

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

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

For Office Use Only:

New or Renewal Application

Date Received: _____

Date Approved: _____

Dues paid

Web Listing

Directory Listing

Electronic Mailing List

Magazine/Blue Book

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 an Affiliate 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 Affiliate Partnership.*

_____ *In no case shall an Affiliate 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.*

_____ *Affiliate 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.). Affiliate Partner understands that, if applicable, the Mississippi Lobbying Reform Act of 1994 (§ 5-8-1 et seq.) may apply.*

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

Signature of Company Representative Date

Print Name Title/Position