



Membership Application

Name: _____

Job Title: _____

Do you work for the:

- Stadium Management Company Owner Other

Organization/Company/College or University: _____

Team & Stadium Affiliated With: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Telephone: _____ Referred by: _____

Membership Category:

- Affiliate \$400 Student \$50 (Grad Date: _____)
 Institutional Membership \$850 Faculty Member \$275

Stadium Level Membership for Managers

- 1 Representative \$450 2-3 Representatives \$750
 4-6 Representatives \$1,100 7-10 Representatives \$1,750

Stadium Level Membership is now available. Take advantage of cost savings and apply for our 2-3 or 4-6 Representatives Levels today! **To submit applications for more than one person – fill out this form for each representative.*

What best describes your role?

- Facilities Safety & Security Guest Experience & Event Ops Other _____

League Category (if applicable):

- NFL-AFC NFL-NFC MLB-AL MLB-NL CFL MiLB
 College MLS NASCAR Other _____

Sign me up for the SMA new member mentor program (this is not applicable for students)

I'd like to register for the ESSMA dual membership program (Stadium Managers)

Method of Dues Payment

Total: _____

Check made payable to SMA in U.S. funds enclosed

*Please mail to: Stadium Managers Association
6919 Vista Drive, West Des Moines, IA 50266*

Credit card payment can be submitted with your application online at www.StadiumManagers.org