

STADIUM
MANAGERS
ASSOCIATION



Membership Application

Primary Contact Name: _____

Title: _____

Organization/Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Website: _____

Referred by: _____

*Second Contact Name: _____

*Second Contact Title: _____

*Second Contact Phone: _____

*Second Contact Email: _____

Description of Company/Products or Services: _____

Membership Category:

Corporate Member \$2,500 Corporate Sponsor \$4,750

Corporate Event Promoter Member \$1,250

Initiation Fee (\$500—Required)

Sign me up for the SMA new member mentor program

Total: _____

Method of Dues Payment

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

Please mail to: Stadium Managers Association

6919 Vista Drive, West Des Moines, IA 50266

Office Code: SMA Membership Dues

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