

STADIUM  
MANAGERS  
ASSOCIATION



# Membership Application

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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 \$2,000  
 Corporate Sponsor Member \$4,400  
 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

*When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.*

*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](http://www.StadiumManagers.org)