



Membership Application

Name: _____

Position/Graduation Date: _____

Do you work for the:

- Stadium Management Company Owner Other

Organization/Company/College or University: _____

Team & Stadium Affiliated With: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

Referred by: _____

Membership Category:

- Stadium Manager \$400 Affiliate \$375
 Faculty Member \$250 Student \$100
 Institutional Membership \$775

**Memberships dues are discounted for all additional members at any stadium. If you believe you may be eligible, please call Molly at 515-282-8192 before submitting your application.*

Stadium Manager 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)

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