



## MEMBERSHIP APPLICATION

*All information included herein shall be treated as confidential by the Manufacturing CPAs Alliance*

Firm Name:	Year Firm Founded:	
Primary Address: (City, State & Zip)		
Designated Firm Representative: (include desired noted credentials)		
Telephone:	Fax Number:	
E-mail Address:	Website Address:	
Managing Partner Name:		
Managing Partner Email Address:	Number of Partners:	
A/P Manager:	A/P Manager Phone:	
A/P Manager Mailing Address:	A/P Manager E-mail Address:	
Annual Revenue From Services to Manufacturing Companies: \$	Number of Clients in the Manufacturing Industry:	
Branch Office Address: (if different from primary address)		

# ANNUAL MEMBERSHIP AGREEMENT

The undersigned hereby applies for membership in the Manufacturing CPAs as the member in the territory (ies) shown below and if accepted agrees to comply with its by-laws, rules and regulations. We agree to pay an enrollment fee of

\$ \_\_\_\_\_ and dues in advance in the amount of \$ \_\_\_\_\_ for the firm for the period ENTER START MONTH to December.

Annual dues of \$ \_\_\_\_\_ are payable in full on the first of January EACH year. Your dues will be prorated if membership occurs after January.

Applicant acknowledges that, if accepted for membership, they will be granted exclusive rights of membership in the territory (ies) set forth below. By virtue of membership in Manufacturing CPAs, CPA firms have access to information, materials, and association with noncompetitive peers not available to other CPA firms. In consideration of these and other benefits received by members of Manufacturing CPAs, applicant agrees to the following:

Applicant agrees to conform to the bylaws of Manufacturing CPAs, including the recognition of the territorial limitations. Member will not, for example, distribute or use materials provided by or through Manufacturing CPAs outside the territories defined in this application and agreement. Further, upon termination of membership, applicant agrees to discontinue using any materials which indicate it is affiliated with Manufacturing CPAs and destroy any marketing materials or publications produced by, for, or with the assistance of Manufacturing CPAs and to return any manual, seminar presentation guides, or other materials provided by or for Manufacturing CPAs immediately upon termination of membership.

**TERRITORY (IES):** \_\_\_\_\_

\_\_\_\_\_

**COUNTY (IES):** \_\_\_\_\_

\_\_\_\_\_

**STATE(S):** \_\_\_\_\_

*Please attach a list of territories or counties if they do not fit on this page*

I commit to attend at least one Manufacturing CPAs conference per year, contribute to the Members' Resource Bank by providing at least one article, white paper or practice management tool per year, and actively participate in the Listserve. Also, I commit to participate on a task force or committee within the first two (2) years of membership.

\_\_\_\_\_ Initial

Print Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**ACCEPTED:**

*MANUFACTURING CPAS*

*A subsidiary of The Rainmaker Alliances, a service line of The Rainmaker Companies*

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Please make checks payable to:**  
The Rainmaker Companies