



Membership Application

Please Print

Date: _____

Name: _____ **Title:** _____

Company: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

Email Address:

Annual Membership Dues: \$100.00

We are unable to accept credit card charges.

Please note: Membership dues paid at the fall meeting are applied to the following year.

Please make check payable to: Quality Assurance Association

Please remit payment to: Dennis Murnane, Treasurer

350 North Boatman Road

Scottsburg, IN 47170

Person Recommending Membership: _____

Visit our Web Site: www.qualityassuranceassociation.org