

MARYLAND SPACE BUSINESS ROUNDTABLE MEMBERSHIP APPLICATION

Membership Year – January 1 – December 31, 2010

Benefits of Membership

Corporate

- ◆ Eligibility for representation on Board of Directors, Committees, and/or attendance at such meetings.
- ◆ TABLE RESERVATIONS at all luncheons and/or any MSBR sponsored events.
- ◆ Government guests, invited by MSBR at all Luncheons and/or MSBR sponsored events – Up to FIVE (5) government guests per table
- ◆ Newsletter and monthly event notices mailed to up to SEVEN (7) company officials

Individual

- ◆ Eligibility for participation on Committees and attendance at Board of Director's Meetings.
- ◆ ONE (1) non-government guest at all Luncheons and/or any MSBR sponsored events.
- ◆ Newsletter and monthly event notices mailed to member only.

APPLICATION INFORMATION

NAME: (Mr./Ms./Dr.): _____

COMPANY: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

DATE OF APPLICATION COMPLETION:

Type of membership (based on revenues)

- Corporate - - Over \$50 million \$1,075.00
- Corporate - - \$10 - \$50 million \$ 800.00
- Corporate - - up to \$10 million \$ 525.00
- Individual \$ 100.00

Please complete this form and attach your check payable to: Maryland Space Business Roundtable
(Advance notification will be sent on all MSBR luncheons and events)

- **CORPORATE NOTIFICATION LIST** – Corporate Members are requested to provide a list of up to SIX (6) additional individuals within your organization who are to receive MSBR announcements.

MAIL PAYMENT TO:

Maryland Space Business Roundtable –
Remit to: 3235 Atlee Ridge Road, New Windsor, MD 21776

Melissa Linkins, Executive Director
e-mail: MDSPACEBR@aol.com, cell 443-340-4634

CORPORATE NOTIFICATION LIST

NAME: _____

ADDRESS: *(if different)* _____

PHONE NO: _____ E-MAIL ADDRESS _____

NAME: _____

ADDRESS: *(if different)* _____

PHONE NO: _____ E-MAIL ADDRESS _____

NAME: _____

ADDRESS: *(if different)* _____

PHONE NO: _____ E-MAIL ADDRESS _____

NAME: _____

ADDRESS: *(if different)* _____

PHONE NO: _____ E-MAIL ADDRESS _____

NAME: _____

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