



# Membership Agreement

## Membership Info

Membership Type	<input type="checkbox"/> New Membership <input type="checkbox"/> Membership
Member Type	<input type="checkbox"/> Agency <input type="checkbox"/> Brand <input type="checkbox"/> Industry Partner
Annual Dues	\$3,000
Company Name	

## Contact Information

Contact Name	
Street Address	
City ST ZIP Code	
Work & Mobile Phone	
Social Profiles	
E-Mail Address	

## Billing Information

Contact Name	
Street Address	
City ST ZIP Code	
Work & Mobile Phone	
E-Mail Address	

## Payment Information

Method of Payment	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> PO Number _____
Credit Card Type & Name	
Billing Address	
Expiration Date	

## Agreement and Signature

By signing below, I represent and warrant on behalf of the Company listed below, that I have the right and authority to enter into this Agreement and perform its [obligations and accept the terms for SMAC](#).

Name (printed)	
Signature	
Date	

**Remit to:**  
Social Media Advertising Consortium  
105 East 34th St. #174  
New York, NY 10016 U.S.A.

**Email:**  
Membership    [membership@smac.org](mailto:membership@smac.org)