



MEMBERSHIP FORM

Organization Name _____

Name (Print) _____

Title _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Fax** _____ **E-Mail** _____

MEMBERSHIP CATEGORIES:

Membership benefits include permission to use the following statement in marketing products, "Official Member of Partners in Performance Excellence" and membership discounts. Additional benefits are included with each membership category.

ELITE - \$10,000

PREMIUM - \$5,000

CLASSIC - \$2,500

EXECUTIVE - \$1,000

PRINCIPLE - \$500

For individuals only

SUSTAINING - \$250

For individuals only

CATEGORY AND PLEDGE AMOUNT _____

MAKE CHECKS PAYABLE AND MAIL TO Massachusetts Council for Quality dba PiPEX
Susan Rosati
Partners in Performance Excellence
P.O. Box 222
Milford, MA 06776

Call Susan at 860-799-0188 to pay by credit card.

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SIGNATURE _____ **DATE** _____