



INDUSTRY PARTNER MEMBER APPLICATION

Please complete this form.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Website: _____

Please explain what your business does and how it may help SoCal/NTMA associate members:

Annual SoCal Chapter Membership Fee

**ONLY
\$875**

Valuable Benefits:*

- Listing on our website homepage (included)
- Industry Partner recognition at our annual golf tournament (included)
- Published articles about your business emailed and snail mailed to members (2x a year) (included)
- Listing in our buyers guide (included)
- Electronic list of members in excel format (quarterly) (included)
- Listing in our quarterly newsletter (included)
- First right of refusal on all sponsorship opportunities including events, buyers guide ads, newsletter ads and other chapter promotions (included)
- Social media stories shared and promoted on our platforms (included)
- Your blogs, stories, newsletters, and events are promoted by the association (included)

**SoCal/NTMA Industry Partnership is not an NTMA Membership. Benefits that Regular Members have are not all applicable to Industry Partners.*

SoCal/NTMA Printed Newsletter Sponsorship Options

Choose discounted ad spaces below to run for 4 consecutive issues:

- | | | |
|--|-------------------|---------------|
| <input type="checkbox"/> Premium Page Inside Cover Color | \$1300 | \$1200 |
| <input type="checkbox"/> Premium Page Inside Back Cover Colo | \$1300 | \$1200 |
| <input type="checkbox"/> 4 Full Pages (8.5" x 11" color) | \$1000 | \$925 |
| <input type="checkbox"/> 4 Half Pages Horizontal (7.5" x 5") | \$700 | \$650 |
| <input type="checkbox"/> 4 Quarter Pages (4" x 5") | \$500 | \$475 |
| <input type="checkbox"/> Newsletter Sponsor - Business card sized ad | | \$300 |

TOTAL PAYMENT:

PAYMENT

Enclosed is my check of US \$ _____ made payable to SoCal/NTMA.

OR

Please charge my credit card: ___ Visa ___ MasterCard ___ AMEX Exp. Date _____ Zip _____

Credit Card # _____ CVV # _____

Signature _____ Name _____ (as it appears on card)

****This application does not guarantee membership in the association. Each application is reviewed by the Board of Directors and membership is at their discretion.**

Please email your completed application to Kaity@lantma.org.

Questions? 626-510-4085