



# MassExcellence

## Information and Membership Form

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

CEO or Highest Massachusetts Official: \_\_\_\_\_ Company Website: \_\_\_\_\_

Who introduced MassExcellence to you or your organization? \_\_\_\_\_

Please check one of the following that best describes your organization:  Manufacturing  Healthcare  Service  Education  Consulting  
 Non-Profit  Public Sector  Small Business  Other

*I Am Interested in the Following Information:*

- The Massachusetts Performance Excellence Award Criteria and Application  
 Becoming a MassExcellence Examiner (including Application Forms)  
 Training Courses (public or private)  
 Networking Opportunities  
 Sponsorship Opportunities

### MEMBERSHIP

#### Organizational Membership

My organization will support MassExcellence with a contribution this year of:

- 1-5 Employees \$1,000  
 6-250 Employees \$2,500  
 251-500 Employees \$5,000  
 501+ Employees \$7,500

#### Individual Membership

I will personally support MassExcellence with a contribution this year as:

- an Executive Member \$500  
 a Principal Member \$250  
 a Sustaining Member \$100

### Membership Payment Information:

- New Membership  Renewal  
 Payment Enclosed \$\_\_\_\_\_  PayPal (via our website)  
 Please Invoice for Balance Due  
 M/C or Visa # \_\_\_\_\_ Exp. \_\_\_\_\_  
 Signature: \_\_\_\_\_

MassExcellence also appreciates In-Kind Contributions to support the award process.

*Please complete  
and return to:*

**MassExcellence**  
**PO Box 1766**  
**600 Suffolk Street**  
**Lowell, MA 01854**

Phone: (978) 934-2403  
 Fax: (978) 934-4035  
[info@massexcellence.org](mailto:info@massexcellence.org)  
[www.massexcellence.org](http://www.massexcellence.org)

MassExcellence operates as a tax-deductible 501(c)3 organization.  
 Please make checks payable to the Massachusetts Council for Quality.