



MassExcellence Information and Membership Form

Organization/Individual 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
- Becoming a MassExcellence Examiner 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 \$300
- a Sustaining Member \$150

Membership Payment Information:

- New Membership Renewal
 - Payment Enclosed \$_____
 - 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:*

Len Deneault, Executive Director
MassExcellence
PO Box 1766
Lowell, MA 01853-1766

Phone: (978) 934-2403
 Fax: (978) 934-4035
info@massexcellence.org
www.massexcellence.org

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