



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:

- Platinum \$10,000
- Gold \$5,000
- Silver \$2,500

Individual Membership

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

- an Executive Member \$1,000
- a Principal Member \$500
- 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:*

**MassExcellence
At Bentley University
175 Forest Street, AAC160
Waltham, MA 02452**

Phone: (781) 801-6893

**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.