

TUMMA Membership Form

Company Informati	Date:	
Company Name:		
Address 1:		
Address 2:		
City/State/Zip:		
Telephone:		
Website:		
Products:		
Membership Type:		
Total Number of Employees i	n Upper Mississippi region:	
Contact Information	า	
Primary Contact:	Title:	Email:
Additional Contact:	Title:	Email:
Additional Contact:	Title:	Email:
Additional Contact:	Title:	Email:
Annual Dues Per IR:	5 regulations for 501(c)(6) nonprofit en	tities your annual dues are not tax deductible.
Structure: 1-250 employees	\$600, 251-500 employees \$9	900, 501 or greater \$1200.
Associate Membership: \$150	00- Available to non-manufacturing or	ganizations and institutions that rely on a successful manufacturin
sector, including service providers, supplied	ers, financial organizations, insurers, tran	sporters, law firms, construction, third-party logistics, and bership. All Associate members must be approved by the steering
	Primary Contact at the mair	address. If this is incorrect, please provide



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Descr	Describe your business/organization and how it supports manufacturing			
	pe what types of occupational categories you would like to develop or find candidates to files.			
What	ypes of K-16 outreach programs are you interested in participating in?			
	□ Plant Tours □ Job Shadowing □ Career Speakers			
	☐ Youth Apprenticeships ☐ College Internships ☐ Mentoring			
Listec	are topics the Alliance is working on; check any that interest you.			
	☐ Changing the image of manufacturing careers			
	☐ Grow Partnerships (connecting K-16, media and other manufactures)			
	□ Access to Job Seekers			
	☐Workforce Development			
Do yo	want to learn more about the Alliance through a discussion with the Executive Director?			
	□Yes – telephone number			
	eferred you, or how did you learn about The Upper Mississippi Manufacturing Alliance?			