

M&S KEY CONTACT INFORMATION

In order to ensure pertinent information from NSSGA is reaching the right people in your organization, we're asking for key contact information for your organization. These key contacts will be your specialists in the areas they are identified.

Please take a moment to complete the information below.

In the box below, please list the current official representative (OR).

<i>Name:</i>		<i>Company:</i>	
<i>Phone:</i>	<i>Fax:</i>	<i>Email:</i>	

Membership Billing Contact (Accounts Payable)

<i>Name:</i>	<i>Title:</i>
<i>Phone:</i>	<i>Email:</i>

Membership Directory Contact

<i>Name:</i>	<i>Title:</i>
<i>Phone:</i>	<i>Email:</i>

Environment

<i>Name:</i>	<i>Title:</i>
<i>Phone:</i>	<i>Email:</i>

Health & Safety

<i>Name:</i>	<i>Title:</i>
<i>Phone:</i>	<i>Email:</i>

Education/Speaking Opportunities

<i>Name:</i>	<i>Title:</i>
<i>Phone:</i>	<i>Email:</i>

Sponsorships

<i>Name:</i>	<i>Title:</i>
<i>Phone:</i>	<i>Email:</i>

Company Name: _____**Operations***Name:* _____ *Title:* _____*Phone:* _____ *Email:* _____**Community Relations/Communications***Name:* _____ *Title:* _____*Phone:* _____ *Email:* _____**Government Affairs***Name:* _____ *Title:* _____*Phone:* _____ *Email:* _____**Engineering and Technical***Name:* _____ *Title:* _____*Phone:* _____ *Email:* _____**Marketing/Sales***Name:* _____ *Title:* _____*Phone:* _____ *Email:* _____**Legal/Regulatory Issues***Name:* _____ *Title:* _____*Phone:* _____ *Email:* _____**Workforce Issues***Name:* _____ *Title:* _____*Phone:* _____ *Email:* _____**Young Leaders (40 years of age and younger)***Name:* _____ *Title:* _____*Phone:* _____ *Email:* _____

Please return this completed form to (703) 525-7742 (Secure Fax Line), email: memberservices@nssga.org, or by mail to: NSSGA, 66 Canal Center Plaza, Suite 300 Alexandria, VA 22314. Questions, call: (703) 526-1071