



## Membership Application

Applicant- Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

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

**MASCI Member Organization Type-:** check all that apply

- Government
- Education
- Industry
- Labor
- Public

**Educational/Professional Biography-** To be read at aloud at a future meeting of the MASCI board.

**Please write a short biography of your professional experience as it relates to the institution of U.S. DOL-Office of Apprenticeship Registered programs.** This may be through positive outreach and promotional activities to build awareness of apprenticeship as a career pathway, building educational experiences that will prepare our Michigan citizens for careers in the Skilled Trades; or full involvement in the development and coordination of registered training programs.

**Please E-mail your completed application to the MASCI membership Committee**  
 brad.pierce@ironworkers25.org

**Candidate has been Approved/Declined by the MASCI Executive Board and the Membership Committee.**

	MASCI Executive Board	
On this Date: _____	Member Signature : _____	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
	MASCI Membership	
On this Date: _____	Committee Signature: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Declined