

Commitment Form



Please complete and return this page to Stacy Gleason (sgleason@hsmi.org) at HSMAI to signify your commitment for the 2019 calendar year as an Organizational Member. We will be in touch with you to gather the additional details to active the membership for the associates within your organization.

Company Name: _____

Primary Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Secondary Contact Name: _____

Title: _____

Phone: _____

Email: _____

Partner Organizational Membership Tier:

- | | | |
|--|--|---|
| <input type="checkbox"/> Diamond \$42, 500 | <input type="checkbox"/> Sapphire \$22,500 | <input type="checkbox"/> Start-Up \$2, 500 |
| <input type="checkbox"/> Emerald \$32,500 | <input type="checkbox"/> Ruby \$12,500 | <input type="checkbox"/> University \$1,500 |

Method of payment

Check/Wire:

A check, made payable to HSMAI, is being sent to HSMAI at 7918 Jones Branch Dr. Suite 300, McLean, VA 22102

Check # _____

Wire/EFT information available on request.

Credit Card:

- AmEx Visa MasterCard Discover

Card # _____ Exp. Date: _____

Name on card _____

Signature _____

I would like to pay:

- Now Dec 2018