

Manufacturers System Exclusive ID — Annual Renewal Form

• Company Information (please complete all areas)

Company Name: _____

Contact's Name: _____

Address: _____

City, State(or Country), Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

• Invoice Amount (Check One)

Due Date*: _____

\$200 Annual Fee for Mfr. ID #: _____ / _____ / _____

**Note: ID fees are due each Calendar Year on March 1 or September 1 (whichever is closest to the original assignment date).*

No fee due *By signing below I certify that we are no longer producing products using our assigned ID, and we hereby relinquish any rights we may have to use the ID in the future.*

Signature: _____

Title: _____ Date: _____

MMA Member *My Fee is included in my MMA Dues*

• Payment

Check* Enclosed Check Number: _____

MasterCard Visa

Card #: _____ - _____ - _____ - _____ Exp: ____/____
(month/year)

Card Holder: _____

Billing Address: _____
(street number and postal code)

Signature: _____

*Notes on Payments:

Checks must be in US funds, drawn on a US bank, payable to the MIDI Manufacturers Association, and include magnetic bank numbers. Checks not meeting these requirements cause substantial delays in processing, and may be returned.

Wire transfers are subject to bank fees. Please contact us for instructions.

For tax purposes the MIDI Manufacturers Association is a Non-Profit Corporation, FED ID# 95-3995160

Please return this form with payment to the address below via fax or mail.