



**Associate Member
Dues Application / Invoice 2020**

Company Name: _____

Contact Name: _____

First Name: _____ Last Name: _____

Title: _____

Additional Contact: _____

First Name: _____ Last Name: _____

Title: _____

Address: _____

City / State: _____ Zip + 4: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

Coalition Website: I have reviewed the Associate Member Webpages and ____do ____do not
www.macoalthtf.org have any edits to my company's dedicated page.

2020 Annual Dues = \$1,500.00

Please return a completed application with a check payable to "Massachusetts Coalition of Taft-Hartley Trust Funds." Payment and completed application should be sent to:

Massachusetts Coalition of Taft-Hartley Trust Funds
c/o Laura-Jean Hickey, Coalition Coordinator
16 Trotter Dr, P.O. Box 680, Medway, MA 02053

SAVE THE DATE: Spring Networking Events: Tuesday, June 9 - Wednesday, June 10, 2020 @Wequassett