



Massachusetts Communications Supervisors Association

FY2019 Membership Application

MCSA Taxpayer ID number 22-3762967

Section 1 – Agency/Company Information

Agency/Department Name: _____

Agency/Department Address: _____

Agency/Department Phone #: _____ Fax #: _____

Provides Communications for (check all that apply): Police _____ Fire _____ EMS _____ *NONE _____

Primary or Secondary Dispatch: _____ Region Dispatch and/or PSAP: Yes _____ No _____

Number of Communications Staff: Sworn _____ Non-sworn _____

*Associate members only: Business type _____

Retired Communications Employer: _____

Agency Name

Section 2 – Communications Manager / Supervisor Information

Manager/Supervisor Name: _____

Manager/Supervisor Title: _____

Manager/Supervisor E-Mail Address: _____

Office Phone Number: _____ Fax Number: _____

Each municipal and statewide public and private agency has one voting member on the Board of Directors (associate members do not have voting privileges). That Member should have the authority from his/her Agency that may affect Communications for that agency.

Agency Voting Member Name: _____

Agency Voting Member E-Mail: _____

Manager/Supervisor Signature: _____ Date: _____

FY 2019 Annual dues are \$125 per agency payable to MCSA.

Please visit <http://ma911.org/wp/wp-content/uploads/2018/10/MCSA-FY19-Membership-Application.rtf> to obtain our W-9

MCSA dues for Fiscal year 2019 - July 1, 2018 through June 30, 2019

Send this completed application, invoice and payment to:

**Warren Gould Director of Operations
Boxford Emergency Communications
285 Ipswich Road
Boxford, MA 01921**

MCSA Use Only:

Date Application Received: _____ Received by: _____

Payment Form: Cash: _____ Check: _____ Amount: _____

Section 3 – Additional Agency Members

Agency Member Name: _____

Agency Member Title: _____ Member E-Mail: _____

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