

Massachusetts Association of Nonprofit Schools and Colleges

**23 Institute Road
Worcester, MA 01609**

**P. O. Box 463
Dedham, MA 02027**

www.mansac.org

FEIN: 04-3206144

2017 – 2018 Membership Invoice and Information

Please provide the following information (**PLEASE PRINT**):

Institution:

Address:

MA

Contact Name:

Title:

Telephone #:

E-mail Address:

Other Contact (if you chose to provide one):

Name:

Title:

Telephone #:

Email Address:

Chief Executive Officer

Name:

Title:

Telephone #:

Email Address:

Current Enrollment: _____

2017 – 2018 Membership Dues

# of Students	< 100	101 – 200	201 – 300	301 – 600	601 – 1,000	>1,000
Membership Fee	\$125	\$200	\$300	\$500	\$800	\$1,000

Amount due per above schedule: _____

Please make your check payable to **MANS&C** and send to **Box 463, Dedham, MA 02027**