



2021 MEMBERSHIP ROSTER & PRODUCT GUIDE

It is that time of year again. We are gathering advertisers and updating your company information for our 2021 Membership Roster & Product Guide. This is a roster of all MCAS members, as well as a comprehensive Product Guide offered by MCAS Affiliate Members. There will be 400 copies printed for distribution to members and industry partners in early 2021. Deadline for entry is November 10, 2020, completed forms may be emailed to nicole@mca-sask.com

Advertising

Please select from the following advertising opportunities.

<input type="checkbox"/>	Business Card Ad B & W	\$70.00 + \$3.50 GST = \$73.50	\$ _____
<input type="checkbox"/>	½ Page Ad B & W	\$95.00 + \$4.75 GST = \$99.75	\$ _____
<input type="checkbox"/>	Full Page Ad B & W	\$130.00 + \$6.50 GST = \$136.50	\$ _____
<input type="checkbox"/>	Full Page Ad FULL COLOR	\$160.00 + \$8.00 GST = \$168.00	\$ _____

Please provide ad artwork in .jpg format to nicole@mca-sask.com by November 10, 2020.
Only 11 Full Page Color Ads are available. First come, first serve.

Product Index Guide Listings

Affiliate members are invited to list their products and services in the Product Guide. These listings are included on our website and regularly updated throughout the year.

Please indicate below if you wish to have your products listed.

<input type="checkbox"/>	Product Index Guide Listing**	\$165.00 + \$8.25 GST = \$173.25	\$ _____
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- Current listings will be invoiced automatically. If you wish to be removed from the Product Guide, please email Nicole. To check your current online listing visit <http://www.mca-sask.com/membership/affiliates.html> or contact Nicole to request a list sent to your email.
- New listings can be added by completing the attached Product Index Guide Listing Form.

Membership Directory

Please complete this portion on page 2 exactly as you would like your information listed in the Membership Directory.

Membership Directory Information

Company Name: _____

Contact Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone: _____

Fax: _____

Email: _____

Website: _____

Payment Information

Method of Payment: VISA MasterCard Cheque Please send invoice

Card Number: _____

Expiry Date: _____

Cardholder Name: _____

Signature: _____

We appreciate your participation and continued support.

Return to:
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