

Mission

*Promote, support, sustain, attract and grow regional industry.*

Why Join MCLI?

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| **Inclusion in the LI Manufacturing Database**   * Global Branding and Marketing * Searchable Database to drive business to your company, links to your website * Representation at global trade shows   **Access to a Hub of Information**   * Grants, incentives and other funding * Global business opportunities * Training sources * Access to skilled worker database | **Business Resources & Network Expansion**   * In-depth analysis on potential savings on your fixed and variable business costs * Regional Speaker Series – engaging large customers in targeted industry sectors (e.g., Boeing, WalMart, Caterpillar) * Scales of Economy Purchasing group * Business Services discounts * Entrepreneurs in Residence available * Workshops and webinars on critical business development topics |

**Advocacy on Local, State, and Federal Levels**

* Promote effective incentives, investments and programs for manufacturers
* Advocate for legislation and policies that are business friendly
* Help to drive awareness around the cost of living and operations on Long Island
* Work to promote policies to lessen the burden for employers and employees

Learn more at:

www.MCLIny.org



**Membership Application**

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| **Annual MCLI Manufacturer’s Membership:**  *\_\_\_\_ 1-4 Employees: $350 (or $29/month)*  *\_\_\_\_ 5-20 Employees: $500 (or $41/month)*  *\_\_\_\_ 21-100 Employees: $1,500 (or $125/month)*  *\_\_\_\_ 101+ Employees: $2,500 (or $205/month)*  *\_\_\_\_ Executive Board: $20,000 Give/Get initial; $10,000 ongoing*    **Education, Non-Profit Membership**  *\_\_\_\_ Associate Member: $500 (or $41/month)* | **Sponsor Membership (Business Services)**  *\_\_\_\_ Base Level Sponsor Member: $1,500 (or $125/month)*  **\*Premium Sponsor Membership:**  *\_\_\_\_ Silver: $3,000* *(or $250/month)*  *\_\_\_\_ Gold: $6,000 (or $500/month)*  *\_\_\_\_ Platinum: $12,000 (or $1,000/month)*  *\*Standard and customized packages are available. Please contact* [*Jamie.Moore@mcliny.org*](mailto:Jamie.moore@mcliny.org) *for more information* |

**Membership Dues: Please make all checks payable to MCLI. If paying by credit card please fill out the authorization below for processing. Kindly return this application to the MCLI office. 110 Oser Avenue, Hauppauge, NY 11788.**

Thank you for submitting your application for Membership in MCLI.  All applications are reviewed and approved for membership by the MCLI Board.  As a member, you agree to abide by the By-Laws of the **Manufacturing Consortium of Long Island** (“MCLI”).

A remittance of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ representing annual membership dues in MCLI should accompany this application. (Membership dues are non-refundable). It is understood & accepted that the payment of all financial commitments are the Member Company’s responsibility for all representatives of said company. Payment of your dues constitutes permission for MCLI to send you faxes, e-mails and mailings under FCC Regulations.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Applicant) (Print Name)

CUSTOMER AUTHORIZATION FOR CREDIT CHARGE FOR PAYMENT OF ANNUAL MEMBERSHIP:

\_\_\_\_ *Please check here if you would like to choose the Monthly Payment option and authorize MCLI for recurring monthly charges.*

Customer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration \_\_\_\_\_\_\_\_\_\_ SVCC \_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_