

**M A I N E  
S T A T E  
C H A M B E R  
P U R C H A S I N G  
A L L I A N C E I N C.**

**Please return by mail to:**  
Maine State Chamber Purchasing Alliance, Inc.  
Attn: Member Services,  
128 State St., Suite 101, Augusta, ME 04330-5630.  
**Or fax it to:** (207) 622-7723.

**If you have any questions,  
please call Member Services at (207) 623-4568 ext 109.**

**Employer/Applicant and Fee Assessment Information**

**ASSESSMENT INFORMATION**

At the time of enrollment, the Employer/Applicant is responsible for completion of this form and payment of the \$50.00 annual assessment fee (please note, this is not a membership fee).

Detailed eligibility information is available on the Maine State Chamber Purchasing Alliance, Inc. Participation Agreement.

**CHAMBER INFORMATION**

**Please list local/regional chamber(s) in which you are a member**

**Number of employees:** \_\_\_\_\_

The Maine State Chamber Purchasing Alliance, Inc. program, "CHAMBER BLUEOPTIONS," is designed to serve small businesses with 2-50 employees, as well as self-employed people, with exclusive healthcare coverage opportunities. This program is only available to you **if you are currently a member of a chamber of commerce in Maine.**

**COMPANY/ORGANIZATION INFORMATION**

\_\_\_\_\_  
Name of Company or Organization

\_\_\_\_\_  
Name & Title of **CEO / President / Owner / Principal Partner**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Corporation, Sole Proprietorship, Partnership, LLC

\_\_\_\_\_  
Mailing Address If Different From Street Address

\_\_\_\_\_  
City, State/Province, Country, Zip

\_\_\_\_\_  
Web Site URL

\_\_\_\_\_  
Telephone / Fax

\_\_\_\_\_  
Type of Business (Manufacturer, Health Care, Legal, etc.)

\_\_\_\_\_  
**CEO Email**

\_\_\_\_\_  
Name of Person Submitting This Application

\_\_\_\_\_  
Applicant's Title

By signing on the above line, I hereby confirm that I am authorized to enter into this agreement.

\_\_\_\_\_  
Date of Application

**Method of Payment**

- Company check** is enclosed for the \$50.00 annual assessment fee, **payable to Maine State Chamber Purchasing Alliance, Inc. (or MSCPA, Inc.)**.
- Please charge** the \$50.00 annual assessment fee to the following credit card:
- Visa**       **MasterCard**      **Card Number & Exp. Date:** \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Name on Card (please print): \_\_\_\_\_

**\*\*\*Insurance Agent/Producer - PLEASE COMPLETE - This information is for MSCPA Office use only\*\*\***

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Status (check one): \_\_\_ New \_\_\_ Renewal      Effective Date of Coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRODUCER/AGENT INFORMATION:**

Agency Name: \_\_\_\_\_      Producer Name: \_\_\_\_\_