

## MSAE Connectee Application

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

### Please answer the following questions.

1. *When did you become an MSAE member?*

Date \_\_\_\_\_

2. *Member type:*

Association \_\_\_\_\_ Allied \_\_\_\_\_

3. *Why do you want to have a connector?*

\_\_\_\_\_

\_\_\_\_\_

4. *What would you like to get out of this experience?*

\_\_\_\_\_

\_\_\_\_\_

5. *What type of Connector would you like to partnered with?*

Association \_\_\_\_\_ Allied \_\_\_\_\_

### Connectee Pledge

As a connectee, I agree to contact my Connector for questions, advice and develop a relationship to enhance my MSAE membership experience. I will also provide MSAE will feedback and offer input where I see needed. I understand I will be assigned to my Connector for a one year period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Return Application to:**

Midwest Society of Association Executives  
1970 Oakcrest Avenue, Suite 100  
Roseville, MN 55113

Fax: 651-647-6388

Phone: 651-647-6388

**If you have questions please contact:**

Angela Skotterud, MSAE  
Phone: 651-647-6388  
Email: [online@msae.com](mailto:online@msae.com)



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**DIFFERENCE**