



Maryland Independent College
and University Association

Business Affiliate Application

Date of Submission: _____

Company Name: _____

Primary Contact's Name: _____

Title: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____ Company Website: _____

Please answer the following questions on behalf of your company:

List the MICUA colleges /universities the company currently serves, including a direct contact person at the college. (Must list at least one)

Thank you for your willingness to become an MICUA Affiliate Partner. Your application will be processed and notice of acceptance provided within ten business days.



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Provide the following information exactly as you want it to appear on the website for each affiliate:

Company Name: _____

Description of the company services (using up to 500 characters, including spaces.)

Company Address: _____

Contact Name: _____

Phone: _____ Fax: _____

Contact Email: _____ Website URL: _____

Please provide an electronic copy of your logo or wordmark for inclusion with your description on our website.