



Membership Agreement

*Please complete the following information and submit the \$3,000 one-time membership fee to become a BEC member. Make checks payable to **Business Excellence Consortium, MSOE, 1025 N. Broadway, Milwaukee, WI 53202.** Include this form with payment or fax to the BEC (414) 277-2895.*

Organization's Name:	
Address:	
City, State:	Zip Code:
Main Telephone: ()	Main Fax: ()
Primary NAICS Code:	Website:
Primary Contact:	Title:
Telephone:	Email:

Indicate the industry that best describes your organization:

- | | |
|---|---|
| <input type="checkbox"/> Manufacturing/Engineering/Technology | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Business and Service | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Government/Education |
| <input type="checkbox"/> Other _____ | |

Please provide the following individual information to ensure they receive the bi-monthly BEC Newsletter.

	NAME	TITLE	EMAIL
Plant Management			
Human Resources			
Production Department			
Quality Control Department			
Purchasing			
IT			
Training/ Education			
Marketing/ Sales			
Finance			
Other key personnel			

Use of Member's Name and Logo

On occasion, we may use your company name and logo in our newsletter, articles and other publications. Please initial and fill in the appropriate information below if you allow the use of this information.

Approve use of company name _____
Signature of approval

Proper Company Name to Use

Approve use of logo _____
Signature of approval

Please email your logo to the BEC at bec@msoe.edu.

We prefer that you do not use our company name and logo _____
Signature

If you would like to use the BEC name and logo for any of your publications please contact the BEC at (800) 321-6763 or bec@msoe.edu.

Organization's Journey

Please list the completion date of the following activities for our records:

BEC Rapid Assessment: scheduled _____ completed _____

Deployment planning scheduled _____ completed _____

Implementation planning scheduled _____ completed _____

Scheduled BEC Bi-annual Audit _____, _____

For the Contractor:	For the BEC-MSOE:
_____	_____
Name of Contractor	Name of Contracting Officer
_____	_____
Title	Title
_____	_____
Signature	Signature
_____	_____
Date	Date
_____	_____

We look forward to working with you!