

JOB POSTING REQUEST FORM

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Please complete this form in its entirety. Please choose membership type below: Active Member – Free Associate Member - **Free** Non Member - **\$99** Title: _____ Company: ____ Work Phone#: _____ Work Fax#: _____ Email: _____ Website: ____ Address: Job Posting: Submit this form along with a word doc of the posting to info@newyorkmgma.com Please include position title, location, position description, required qualifications and contact information for application. Please keep description to a reasonable length, you may include a link to the full posting. Payment By: _____ Amount Enclosed: _____ Check #: (Please make checks payable to: NYMGMA) Visa/MC/Amex _____ Credit Card#: _____ Exp Date: _____ Sec Code: ____ Name as it appears on card: Billing Address:

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