



ASSOCIATE MEMBERSHIP APPLICATION

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|--|--|----------------------------|----------|-------------------------|--|
| Today's Date (mm/dd/yyyy): | | Your Name: | | Title: | |
| Your Company: | | | | | |
| Company Mailing Address: | | | | | |
| City: | | | State: | Zip: | |
| Office Phone: | | | Mobile : | | |
| Website: | | | E-Mail: | | |
| Please send my RMMI mail to my: <input type="checkbox"/> Office <input type="checkbox"/> Home | | | | | |
| Home Address: | | | | | |
| City: | | | State: | Zip: | |
| Should RMMI dues invoice(s) be sent to you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | If not, to whom? Title: | |
| Name: | | | Title: | | |
| Address (if different than above): | | | | | |
| City: | | | State: | Zip: | |
| Additional staff members who should receive RMMI program correspondence (up to 3): | | | | | |
| Name: | | | Title: | | |
| Email: | | | | | |
| Name: | | | Title: | | |
| Email: | | | | | |
| Name: | | | Title: | | |
| Email: | | | | | |
| I agree to adhere to the RMMI Code of Ethics <input type="checkbox"/> | | Date: <input type="text"/> | | | |
| Were you referred to our association by a current RMMI member? Yes <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| If so, by whom? | | | | | |

MEMBERSHIP DUES

Dues Calculation

\$1,250 per year (payable in full at start of calendar year).

Memberships begin and renew in January of each year.

If your company joins after January, your membership dues will be prorated accordingly.

Please send your application to:

Rocky Mountain Masonry Institute • 501 S. Cherry St., Suite 1100 • Denver, CO 80246 • info@rmmi.org • Phone: 303-893-3838

Upon acceptance of your application by the Board of Directors, you will receive written notification, a membership dues invoice, and introductory information about RMMI services and activities. We look forward to your participation in RMMI's efforts to grow and improve the masonry industry!