



ASSOCIATE MEMBERSHIP APPLICATION

Your Name _____

Title _____

Your Company _____

Email _____

Website _____

Company Address _____

City, State, ZIP _____

Office Phone _____

Mobile Phone _____

Please send RMMI mail to: Office Home

Home Address _____

City, State, ZIP _____

Should dues invoice(s) be sent to you? Yes No *If not, then to whom (*enter contact information below*)

Name and Title _____

Address (*if different than above*) _____

City, State, ZIP _____

Additional staff members who should receive RMMI program correspondence (up to 3):

Name and Title _____

Email _____

Name and Title _____

Email _____

Name and Title _____

Email _____

I agree to adhere to the RMMI Code of Ethics. Date (mm/dd/yyyy) _____

Were you referred by a current RMMI member? Yes No If so, by whom _____

Membership Dues

\$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 • 6145 Broadway, Suite 44 • Denver, CO 80216 • 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 how to make the most of your membership. We look forward to your participation in RMMI's efforts to grow and improve the masonry industry!