

BRICK PRODUCER/DISTRIBUTOR MEMBERSHIP APPLICATION

Your Name			
Title			
Your Company			
Email			
Website			
Company Address			
City, State, ZIP			
Office Phone			
Mobile Phone			
Please send RMMI mail to:	O Office	O Home	
Home Address	0 onice	0	
City, State, ZIP			
Should dues invoice(s)			
be sent to you?	O Yes	O 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 s	hould receive	RMMI program	correspondence (up to 3).
Name and Title		Kinin program	
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?	O Yes	O No	If so, by whom
		Members	hip Dues
Membership dues shall be remi	tted to the Inst	itute no later tha	an the 25th of the month following the month in which product
was delivered in the State of Color	ado or Wyomi	ng. This includes	brick that is manufactured and/or distributed by your company. ing to the following schedule, whichever is greater.
Monthly Due	s: \$1.50 per 1,0	000 brick sold in	Colorado and Wyoming (modular equivalent)
		Please send you	r application to:
Rocky Mountain Masonry Insti	tute • 6145 Br	oadway, Suite 44	4 • Denver, CO 80216 • info@rmmi.org • Phone: 303-893-3838
			written notification, a membership dues invoice, and introductory information r participation in RMMI's efforts to grow and improve the masonry industry!