

APPLICATION FOR MEMBERSHIP

Company:					
Address:					
City:	State:	Zip: _		Country:	
Key Contact Name:	Ti	tle:			
Phone/(800#):	Fax:				
E-Mail:	_ Web Address:				
(Be sure to include e-mail and web address in order	er for links to be	included in yo	ur web listing o	n the RIMA-I site.)	
Provide a clear description of your company's business a	ctivities:				
Name of Sponsoring Member Company: (if applicable)					
Special 2020 Introductory Membership Offer: To help doing, a progressive 3-year dues program has been a					
	1st Year - \$1,500 Annual Dues				
Full/Active Membership:	2 nd Year - \$3,500 Annual Dues				
3 rd Year - \$7,500 Annual Dues					
NOTE: You are not obligated to all three years v	when you join.	The discount	applies if you	choose to renew.	
Other Membership Options:					
International Only (do not sell in North America):	\$1,500 Annual	Dues			
How did you hear about RIMA International?					
Do you presently belong to any other clubs, associations	or affiliations?		Yes	No	
If yes, please list (required):					
<u>COMMITTEES</u> - Please select committee(s) of which you NOTE : This is where most of the work is done. If you want a vo		•		cipate on the committee.	
PR/Marketing/MembershipTe	chnical	hnical Strategic Alliance Committee			
Verification International Co	nferenceCode & Legislative Committee				
Signature of Applicant			Date		
Title or Position					
NOTE: In order to process your applicate Please read and sign the RIMA Interapplicants please complete and return them with application	national Code o	f Ethics and ' Data Compli	'Full/Active' m ance Form	ember	

PO Box 14174, Lenexa, KS 66285 800/279-4123 • Fax: 785/424-7115 • E-mail: rima@rima.net Home Page: http://www.rimainternational.org