

## APPLICATION FOR MEMBERSHIP

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Key Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone/(800#): \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

*(Be sure to include e-mail and web address in order for links to be included in your web listing on the RIMA-I site.)*

Provide a clear description of your company's business activities: \_\_\_\_\_

Name of Sponsoring Member Company: (if applicable) \_\_\_\_\_

**Special Introductory Membership Offer:** To help companies get connected and learn more about what RIMA-I is doing, a progressive 3-year dues program has been approved for NEW members as follows:

- |  |  |
|--|--|
|  | 1 <sup>st</sup> Year - \$1,500 Annual Dues |
| <input type="checkbox"/> Full/Active Membership: | 2 <sup>nd</sup> Year - \$3,500 Annual Dues |
|  | 3 <sup>rd</sup> Year - \$7,500 Annual Dues |

**NOTE:** You are not obligated to all three years when you join. The discount applies if you choose to renew.

### Other Membership Categories:

- |   |                     |                       |
|---|---------------------|-----------------------|
| <input type="checkbox"/> International Only (do not sell in North America): | \$1,500 Annual Dues |                       |
| <input type="checkbox"/> Distributor Membership                             | \$1,000 Annual Dues | Distribute For: _____ |

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*): \_\_\_\_\_

COMMITTEES- Please select committee(s) of which you would like to actively participate:

**NOTE:** This is where most of the work is done. If you want a voice on any of these topics, please sign up to participate on the committee.

- |                              |                             |                  |
|------------------------------|-----------------------------|------------------|
| ___ ABCC/Code & Legislative  | ___ Technical               | ___ Verification |
| ___ International Conference | ___ PR/Marketing/Membership |                  |

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** In order to process your application, all information on this form must be completed. Please read and sign the RIMA International Code of Ethics and 'Full/Active' member applicants please complete the Technical Data Compliance Form and return them with application and payment to the address shown below.