

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) _____

Type of Membership Applying For:					
<input type="checkbox"/> Platinum (\$6,000)	<input type="checkbox"/> Full/Active (\$3,000)	<input type="checkbox"/> Associate (\$2,000)	Distributor <input type="checkbox"/> \$0-\$500,000 (\$750) <input type="checkbox"/> \$500,000-\$2M (\$1,250) <input type="checkbox"/> \$2M+ (\$2,000)	<input type="checkbox"/> Contractor (\$500)	<input type="checkbox"/> Affiliate (\$0)

NOTE: Distributor membership dues are based on annual revenue. To qualify for membership as a Distributor or Contractor, the manufacturer of your product must also be a member of RIMA International.

If a Distributor or Contractor, please list who you distribute for *(required)*: _____

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)*: _____

Platinum, Full/Active and Associate Members Only - Please select committee(s) of which you would like to actively participate:

NOTE: Assignment to a committee requires a commitment to regular attendance at RIMA-I meetings.

___ Nominations ___ PR/Marketing/Membership ___ Technical ___ Strategic Alliance Committee
 ___ Verification ___ International ___ Code & Legislative Committee

Signature of Applicant _____ Date _____

Title or Position _____

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' and 'Distributor' member applicants, please complete the Technical Data Compliance Form and return them with application and payment to the address shown below.