

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) | <input type="checkbox"/> Distributor
\$0-\$500,000 (\$750)
\$500,000-\$2M (\$1,250)
\$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.