



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 a				• /
Provide a clear description of your	company's business	activities:		
Name of Sponsoring Member Com	pany: (if applicable)			
	Type of I	Membership Applying	For:	
	□ Full/Active	🗆 Distribu		Contractor
(\$6,000)	(\$3,500) (\$1,750)	(\$250) (\$125		(\$500) (\$250)
NOTE: To qualify for membership as International. If a Distributor or Contractor, please				
How did you hear about RIMA Inter	national?			
Do you presently belong to any oth	ns or affiliations?	Yes	No	
If yes, please list (required):				
Silver, Full/Active Members Only - NOTE: Assignment to a committee req				participate:
PR/Marketing/Memb	ership	Technical		e & Legislative
Verification	Internation	al Conference	Strategic Allia	ince
Signature of Applicant		Date		
Title or Position				
Please read and sign th applic	e RIMA Internation cants, please comp	cation, all information al Code of Ethics and lete the Technical Da tion and payment to tl	'Full/Active' and ' ta Compliance Fo	Distributor' member rm