



Member Application Form

membership@naturalstoneinstitute.org

(p)440-250-9222 (f)440-774-9222

Company Name _____

Shipping Address _____ Mail Address (if different) _____

City _____ State/Province _____

ZIP/Postal Code _____ Country _____

Work phone (____) _____ Fax (____) _____

Website _____

Online

Type of Business: This information will be used for your membership directory listing.

Please circle ALL that apply:

Stone Producer/Quarrier

Stone Distributor

Stone Fabricator

Business to Business

Product Sales Agent

Stone Importer/Exporter

Maintenance/Restoration

Business to Consumer

Equipment Supplier

Stone Consultant

Stone Installer

About Your Company: The following information is kept confidential.

Number of Employees: _____

Approximate Annual Sales (in US dollars):

____ Under \$1 million ____ \$1-5 million ____ \$5-10 million ____ \$10-25 million ____ Over \$25 million

Member Dues 1st Location— Annual dues amount - \$1,000

Additional Brands & Locations are only \$200.00 each. # _____

Membership is non-transferable to other brands or locations.

____ **Pay in Full.** Dues charged on the 15th of your anniversary Month. **Total Amount due \$ _____**

____ **Semi-annual payments-** due: upon receipt of this form, & every 6 months annually.

____ **Quarterly payments-** payments due: upon receipt of this form, & every 3 months annually.

Payment plans are ongoing and avoid any dues increase; After 1 year, please provide us with 30 days' notice of cancellation.

Payments occur on the 15th of the month unless otherwise requested.

Method of payment for first year's dues:

(Must accompany this application)

____ **Company Check- US Funds please-**

(Attach voided check and select number of payments above)

____ **Credit Card >>>>>>**

____ Wire Transfer information upon request

In full payments only, you will be invoiced next year

Card Number _____

Expiration Date: _____ Verification Code: _____

Name on Card (print) _____

Signature: _____

We accept Visa, MasterCard, and American Express

If credit card billing address is different from company - list:

Street Address _____

Zip Code _____

Primary company contact: _____

Printed Name

Position/Title

E-mail

This individual will be the primary contact for all association business matters and activities, will have the company's vote on any membership issues submitted for a vote, will receive all mailings and communications and agrees that the company will adhere to the association Code of Ethics

Secondary Contact: _____

Printed Name

Position/Title

E-mail

Fax or mail application to: 380 E. Lorain St. Oberlin, OH 44074- (T)440-250-9222 - (F)440-774-9222