MIA Application

Midwest Chapter Membership

c/o Marble Institute of America
380 E. Lorain Street
Oberlin, Oh 44074 (p)440-250-9222 (f)440-774-9222
adahnke@marble-institute.com

Company Information

Company Name _____

Mailing Address_____

City _____ State/Province _____ ZIP/Postal Code _____

Work phone (_____)_____ Fax (____)_____

Website _____

Primary chapter contact: _____
Printed Name Title/Position E-mail

List the names & emails of additional company representatives to receive notices about upcoming chapter events:
Individual Name ● Title/Position ● Email Address

1) _____ _____ _____

2) _____ _____ _____

MIA Membership Number _____ (NOTE: Companies may join the chapter without being an MIA member for one year).

Membership is open to companies who are engaged in natural stone and/or supplying auxiliary materials, products, equipment and services to the natural stone industry – identify all that apply:

__Stone Producer/Quarrier __Stone Distributor __Stone Fabricator __Product Sales Agent
__Stone Importer/Exporter __Maintenance/Restoration __Equipment Supplier __Stone Consultant __Stone Installer

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Member Dues & Payment Information:

___ **Level 1 Membership—Dues $150** (registration fees for each event apply)
___ **Level 2 Membership—Dues $250** (includes 4 free event registrations for the year)

___ **Architects and Designers Membership- Dues $75** (Includes 4 free event registrations)

Total Amount Due $_____ (Dues are collected on annually – the second year's dues will be prorated based on your company's join date.

Method of payment for first year's dues:
Payable to MIA in US dollars
(Must accompany this application)

__ **Credit Card (see >>>)**

__ **Company Check #** ____

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_____

City_____ ST_____ Zip Code _____

Credit Card Signature_____

Primary Chapter Contact Signature: _____ Date: _____

NOTE: This individual will be the primary contact for all MIA chapter business matters and activities. He/she will have the company's vote on any chapter business, as well as receive all MIA chapter mailings and communications. This individual also agrees that the company will adhere to the MIA Code of Ethics and chapter guidelines.