



MEMBER APPLICATION FORM

Email, FAX, or mail application.

membership@naturalstoneinstitute.org | F: 440-774-9222 | 380 E. Lorain St. Oberlin, OH 44074 | P: 440-250-9222

Company Name: _____

Shipping Address: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Phone: _____ FAX: _____

Email: _____

Website: _____ Secondary Website: _____

TYPE OF BUSINESS: This information will be used for your membership directory listing.

Please enter one primary type of business from the list below: _____

For your directory listing, please check ALL business types that apply:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Stone Producer/Quarrier | <input type="checkbox"/> Stone Fabricator | <input type="checkbox"/> Business to Consumer | <input type="checkbox"/> Product Sales Agent |
| <input type="checkbox"/> Stone Importer/Exporter | <input type="checkbox"/> Stone Installer | <input type="checkbox"/> Business to Business | <input type="checkbox"/> Equipment Supplier |
| <input type="checkbox"/> Stone Distributor | <input type="checkbox"/> Stone Consultant | <input type="checkbox"/> Maintenance/Restoration | |

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

PRIMARY CONTACT: 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.

Name _____

Position/Title _____ Email _____

SECONDARY CONTACT:

Name _____

Position/Title _____ Email _____

Accounts Payable:

Name _____ Email _____

Marketing:

Name _____ Email _____

Safety Manager:

Name _____ Email _____

Sales:

Name _____ Email _____

Please complete payment information on next page.



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MEMBER DUES: Membership is non-transferable to other branches or locations.

Annual Dues 1st Location: \$1,000 **Additional Locations:** \$200 each

MEMBERSHIP DUES PAYMENT

OPTION 1:

Select a Payment Plan: 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. Selection of a payment plan authorizes NSI to auto withdrawal dues per designated plan.

- PAY IN FULL — Dues charged on the 15th of your anniversary month.
- SEMI-ANNUAL PAYMENTS — Due upon receipt of this form, and every 6 months annually.
- QUARTERLY PAYMENTS — Due upon receipt of this form, and every 3 months annually.

Total amount due \$ _____

Select Payment Method

- Credit Card — Allows for pre-payment options above.
- Company Check — US Funds and full payments only please.

OPTION 2:

Invoice Annually - \$1,000 dues

Select Payment Method

- Credit Card — Allows for pre-payment options above.
- Company Check — US Funds and full payments only please.
- Wire Transfer — Information upon request.

Credit Card Information

- MasterCard VISA American Express

Card Number: _____ Expiration Date: _____ Verification Code: _____

Credit Card Billing Information (if different than at the top of this form)

Name on the Card: _____

Billing Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

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LIST ADDITIONAL LOCATIONS ON PAGE 3.



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ADDITIONAL LOCATIONS (\$200EA):

Company Name _____

Shipping Address _____

Mailing Address _____

City _____ State/Province _____

ZIP/Postal Code _____ Country _____

Work phone _____ Fax _____

Primary Contact:

Name _____

Position/Title _____ Email _____

Secondary Contact:

Name _____

Position/Title _____ Email _____

ADDITIONAL LOCATIONS (\$200EA):

Company Name _____

Shipping Address _____

Mailing Address _____

City _____ State/Province _____

ZIP/Postal Code _____ Country _____

Work phone _____ Fax _____

Primary Contact:

Name _____

Position/Title _____ Email _____

Secondary Contact:

Name _____

Position/Title _____ Email _____