NATURAL STONE INSTITUTE
EXPERTISE. SET IN STONE.

MEMBER APPLICATION FORM

Email or mail application to:

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

COMPANY INFORMATION:

Company Name: _____

Physical Address: _____

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

Work Phone: _____ Website: _____

Mailing Address (if different than physical): _____

KEY CONTACT INFORMATION:

This individual will be the primary contact for all Natural Stone Institute business matters including: having the company's vote on any membership issues submitted for a vote; receiving all member mailings and communications and acknowledges understanding of the Privacy Policy; and agrees that the company will adhere to the Code of Ethics.

First Name: _____ Last Name: _____ Title: _____

Email: _____ Direct Dial/Mobile: _____ May we text you?: _____

BUSINESS INFORMATION:

This information will be used for your membership directory listing.

From the list below, provide your primary type of business: _____

Please check all additional business types that apply:

☐ Stone Producer/Quarrier	☐ Stone Fabricator	☐ Business to Consumer	☐ Product Sales Agent
☐ Stone Importer/Exporter	☐ Stone Installer	☐ Business to Business	☐ Equipment Supplier
☐ Stone Distributor	☐ Stone Consultant	☐ Maintenance/Restoration	

How many branch locations do you have? _____

MEMBERSHIP DUES:

Membership Dues are $1,133 for first location and $200 for each additional location.

OPTION 1: Credit Card Subscription Payment Plan

Selection of a payment plan authorizes NSI to auto withdrawal dues by credit card per designated plan. Payments occur on the 15th of the month. Please select from one of the following:

☐ Annual Auto-withdrawal Payment — $1,133

☐ Semi-Annual Auto-withdrawal Payment — $566.50 ☐ Quarterly Auto-withdrawal Payment — $283.25

Please enter credit card information below.

OPTION 2: Invoice $1,133 Annually

Select Payment Method ☐ Company Check ☐ Wire Transfer: Information upon request. ☐ Credit Card

Credit Card Information

Card Number: _____ Expiration Date: _____

Name on the Card: _____

Billing Address: _____

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