



# 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:

<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	

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 – \$550

**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: \_\_\_\_\_