



# Marble Institute of America Membership Application Form

## 2015 MIA Membership

Marble Institute of America  
(T)440-250-9222 (F)440-774-9222

Company Name \_\_\_\_\_

Ship Address \_\_\_\_\_ Mail Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Workphone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Website \_\_\_\_\_

**Type of Business:** This information will be used for the next MIA Membership Directory listing.

**Please circle ALL that apply:**

Stone Producer/Quarry	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

**Membership Dues (Worldwide) — 2015 dues amount -\$910.00**

Do you have branch facilities that require MIA services? Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_ / \$120.00 for each additional location listing

Please fax or e-mail address and contact information for each additional facility. **Total Amount Due \$ \_\_\_\_\_**

\_\_\_\_\_ **Annual Dues**— charged annually on the 15<sup>th</sup> of your anniversary month.

\_\_\_\_\_ **Semi-annual Dues**— payments due: upon receipt of this form, & every 6 months annually.

\_\_\_\_\_ **Quarterly Dues**— payments due: upon receipt of this form and every 3 months annually.

**Payment plans are ongoing and avoid the 2.5% annual increase; After 1 year, please provide MIA with 30 days' notice of cancellation.**

**Method of payment for first year's dues:**

(Must accompany this application)

\_\_\_ **Company Check in US Funds**

(Attach voided check and select number of payments above )

\_\_\_ **Credit Card >>>>>>**

\_\_\_ **Wire Transfer** (2.5% annual increase applies)

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 Marble Institute business matters and activities, will have the company's vote on any MIA membership issues submitted for a vote, will receive all MIA mailings and communications and agrees that the company will adhere to the MIA Code of Ethics*

**Secondary Contact:** \_\_\_\_\_

Printed Name

Position/Title

E-mail