



Event Name: \_\_\_\_\_

Staff/Volunteer Name: \_\_\_\_\_

membership@naturalstoneinstitute.org  
(p) 440-250-9222 (f) 440-774-9222  
380 E. Lorain St. Oberlin, OH 44074

## MEMBER APPLICATION FORM

Email, fax, or mail application.

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

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

Shipping Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

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

Work phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Website \_\_\_\_\_

**Type of Business:** This information will be used for your membership directory listing.

Please check ALL that apply:

- Stone Producer/Quarrier       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

**Member Dues:** Membership is non-transferable to other branches or locations.

1st Location — Annual dues amount - \$1,000    Additional Branches & Locations - \$200 each

**Please select 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.

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

Total amount due \$ \_\_\_\_\_

### Select payment method

- Credit Card — Allows for subscription options above.
- Company Check — US Funds and full payments only please.
- Wire Transfer — Information upon request.
- Invoice me annually — For wire transfer and non-subscription plans only.



Event Name: \_\_\_\_\_

Staff/Volunteer Name: \_\_\_\_\_

membership@naturalstoneinstitute.org

(p) 440-250-9222 (f) 440-774-9222

380 E. Lorain St. Oberlin, OH 44074

# MEMBER APPLICATION FORM

## Contact Information

**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 \_\_\_\_\_

**ADDITIONAL LOCATIONS OR BRANCH NAMES (\$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 \_\_\_\_\_



Event Name: \_\_\_\_\_

Staff/Volunteer Name: \_\_\_\_\_

membership@naturalstoneinstitute.org  
(p) 440-250-9222 (f) 440-774-9222  
380 E. Lorain St. Oberlin, OH 44074

# MEMBER APPLICATION FORM

## Contact Information

### ADDITIONAL LOCATIONS OR BRANCH NAMES (\$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 OR BRANCH NAMES (\$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 \_\_\_\_\_