



ASSOCIATE MEMBER APPLICATION

Company	
Address	
City, State, Zip	
Phone Number	
Fax Number	
Website	
Email Address	
Voting Member	

Phone () _____ Email _____

<u>Company Personnel</u>	<u>Title</u>	<u>Address</u>	<u>Telephone</u>	<u>Email</u>

Check	Associate Member Category	Membership	Promotional	Total Dues
<input type="checkbox"/>	Masonry Contractor	\$970	\$400	\$1,370
<input type="checkbox"/>	Natural Aggregates - Sand	\$2,000	\$400	\$2,400
<input type="checkbox"/>	RW Licensor	\$2,000	\$400	\$2,400
<input type="checkbox"/>	Admix, Pigment and Preblended Mortar/Grout	\$2,105	\$400	\$2,505
<input type="checkbox"/>	Block Mfr. Equipment	\$4,000	\$400	\$4,400
<input type="checkbox"/>	Natural Aggregates – Stone	\$2,000	\$2,500	\$4,500
<input type="checkbox"/>	Lightweight Aggregates	\$6,000	\$2,500	\$8,500
<input type="checkbox"/>	Cement Supplier	\$7,500	\$2,500	\$10,000
<input type="checkbox"/>	Auxillary Products/Services (not covered above)	\$2,000	\$400	\$2,400

Dues are payable at the beginning of the accounting period selected—1st day of each quarter or annually.

Indicated payment: Annually () Quarterly ()

I hereby certify that the above information is true and correct and that I understand that by signing this form I have made a good faith commitment for one year of dues payment for the period January 1 to December 31 as an associate member. Membership will continue indefinitely in one year increments unless written cancelation of membership is submitted in writing.

Authorized Representative _____ Title _____ Date _____

Please return form to info@scmaonline.org.