



MIA+BSI

Member Application Form

membership@naturalstoneinstitute.org

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

Company Name _____

Shipping Address _____ Mail Address (if different) _____

City _____ State/Province _____

ZIP/Postal Code _____ Country _____

Work phone (____) _____ Fax (____) _____

Website _____

Online

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

Please circle ALL that apply:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Stone Producer/Quarrier | <input type="checkbox"/> Stone Distributor | <input type="checkbox"/> Stone Fabricator | <input type="checkbox"/> Business to Business |
| <input type="checkbox"/> Product Sales Agent | <input type="checkbox"/> Stone Importer/Exporter | <input type="checkbox"/> Maintenance/Restoration | <input type="checkbox"/> Business to Consumer |
| <input type="checkbox"/> Equipment Supplier | <input type="checkbox"/> Stone Consultant | <input type="checkbox"/> 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 1st Location— Annual dues amount -\$1,000

Additional Brands & Locations are only \$120.00 each. # _____

Membership is non-transferable to other brands or locations.

Pay in Full. Dues charged on the 15th of your anniversary Month. **Total Amount due \$ _____**

Semi-annual payments- due: upon receipt of this form, & every 6 months annually.

Quarterly payments- payments due: upon receipt of this form, & every 3 months annually.

Payment plans are ongoing and avoid any dues increase; After 1 year, please provide MIA+BSI with 30 days' notice of cancellation. Payments occur on the 15th of the month unless otherwise requested.

Method of payment for first year's dues:

(Must accompany this application)

Company Check- US Funds please-

(Attach voided check and select number of payments above)

Credit Card >>>>>>

Wire Transfer available upon request

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 MIA+BSI 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

Secondary Contact: _____

Printed Name

Position/Title

E-mail

Fax or mail application to: MIA+BSI- 380 E. Lorain St. Oberlin, OH 44074- (T)440-250-9222 - (F)440-774-9222