



Marble Institute of America BRANCH MEMBERSHIP APPLICATION

Please send completed form and dues amount to the address below

Current Member Company Information

Company Name _____

Mailing Address _____

City _____ State/Province _____

ZIP/Postal Code _____ Country _____

Branch Office Information

Company Name _____

Mailing Address _____

City _____ State/Province _____

ZIP/Postal Code _____ Country _____

Telephone (_____) _____ Fax (_____) _____

E-mail _____ Website _____

Branch offices of regular members (eg additional locations) that desire to receive the appropriate services of the Institute.

North American—Dues \$125.00

International—Dues \$125.00

Method of payment for first year's dues:

(Must accompany this application)

Company Check

(Payable to MIA in US dollars)

Credit Card:

Visa MasterCard AMEX

Card Number _____

Expiration Date: _____ Verification Code: _____

Name on Card (print) _____

Signature: _____

If credit card billing address is different from company - list:

Street Address _____

Zip Code _____

Primary company contact: _____

(Printed Name)

(Signature)

(Date)

This individual will be the primary contact for all Marble Institute business matters and activities.

Fax or mail this application to Marble Institute of America:

28901 Clemens Road, Suite 100 Cleveland, OH 44145 440-250-9222 (fax) 440-250-9223