



3030 West 81st Avenue ♦ Westminster, CO 80031

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www.rmagbiz.org

MEMBERSHIP APPLICATION

Any person, firm, or corporation doing business in the Rocky Mountain Region is eligible to become a member of the Rocky Mountain Agribusiness Association. Said person, firm, or corporation must have an established business with the facilities and equipment to conduct business, and possess all the licenses, permits, and other documents required by state law.

MEMBERSHIP INVESTMENT SCHEDULE

(January 1, 2008 - December 31, 2008)

Based on total annual volume of business conducted in Colorado including branches, if applicable:

Annual Investment	IIF Voluntary Contribution (15%)	Total Annual Volume of Business
<input type="checkbox"/> \$1200.00	\$180.00	\$30 million and up
<input type="checkbox"/> \$900.00	\$135.00	\$20 million - \$30 million
<input type="checkbox"/> \$650.00	\$ 97.00	\$10 million - \$20 million
<input type="checkbox"/> \$400.00	\$ 60.00	\$5 million - \$10 million
<input type="checkbox"/> \$250.00	\$ 37.00	\$5 million and under

\$ _____ + \$ _____ = \$ _____
Membership Investment IIF Voluntary Contribution TOTAL

Referred by: _____
Name **Company**

We hereby apply for membership in the Rocky Mountain Agribusiness Association (RMAA), and when accepted by the Board of Directors, agree to comply with the Association Bylaws and Code of Ethics. By providing mailing addresses, email addresses, telephone numbers and fax numbers. We consent to receive communications sent by, or on behalf of the Rocky Mountain Agribusiness Association, including its subsidiaries and affiliates. We also authorize this information to be published in the RMAA Directory.

Signature of Applicant

Company Name

Date

-over please-

Please type or print. All information in this application will remain confidential. All applications must be approved by the Board of Directors.

Exact Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Mobile/Cell: _____

Voting Contact: _____ Title: _____

Description of Business: _____

Please complete the following if applicable:

Colorado Sales Tax License Number: _____

Commodity Handlers License Number: _____

Colorado Feed Registration Number: _____

Colorado Fertilizer License Number: _____

Additional Mailing Information (please copy and attach additional listings)

1. Individual name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

2. Individual name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

3. Individual name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Please return with payment:

VISA

MASTERCARD

CHECK

Visa/MasterCard #: _____ Expiration date: ____/____

Signature: _____ Amount authorized to charge: \$ _____