



3030 West 81st Avenue ♦ Westminster, CO 80031  
 Phone: (303) 280-5208 ♦ Fax: (303) 458-0002  
 www.rmabiz.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 - December 31)

**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:**

**AMEX**

**VISA**

**MASTERCARD**

**CHECK**

AMEX/Visa/MasterCard #: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Amount authorized to charge: \$ \_\_\_\_\_