



APPLICATION FOR MEMBERSHIP

Company Name:

Voting Contact:

Job Title:

Address:

City:

State:

Zip:

Phone:

Cell:

Email:

Business Description:

MEMBERSHIP INVESTMENT SCHEDULE (January 1 - December 31)

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

Level and Annual Investment	IIF Voluntary Contribution (15%)*	Total Annual Volume of Business	Associate Listings
<input type="checkbox"/> Level 4 \$2000	<input type="checkbox"/> \$300	\$30 million and up	25
<input type="checkbox"/> Level 3 \$1100	<input type="checkbox"/> \$165	\$10 million - \$20 million	15
<input type="checkbox"/> Level 2 \$600	<input type="checkbox"/> \$90	\$5 million - \$10 million	8
<input type="checkbox"/> Level 1 \$380	<input type="checkbox"/> \$57	\$5 million and under	2
<input type="checkbox"/> Student \$25	<input type="checkbox"/> \$0	Student	0

*The Industry Issues Fund (IIF) is earmarked for legislative/regulatory issues in Colorado and the nation. RMAA is asking for a contribution of 15% of your RMAA Annual dues to be earmarked to the IIF. With your continued support, we will insure that our industries voice is heard and not lost in the halls of government.

PAYMENT INFORMATION:

Payment type: VISA MasterCard American Express Check (payable to RMAA)

Credit card #:

Exp. Date:

CVC Code:

Name on the Card:

Amount to charge: \$

Signature:

Credit Card billing address:

City:

State:

Zip:

Mail your completed application and payment to: RMAA | 12011 Tejon St., Ste. 700 | Westminster, CO 80234 Fax your completed application and payment to: 303-458-0002

Questions, contact us at: 303-280-5208 voice or info@rmagbiz.org

Email all associate listings including Name, Address, City, State, Zip, Phone number and email as well as title.