



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 posses all the licenses, permits, and other documents required by state law.

APPLICATION FOR MEMBERSHIP

Exact Firm Name: _____

Voting Contact: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Business Description: _____

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, and telephone numbers. We consent to receive communications seny by, or on behalf of the Rocky Mountain Agribusiness Association, including it's subsidiaries and affiliates. We also authorize this information to be published in the RMAA directory.

Signature of Applicant: _____ Date: _____

Company Name: _____

I was referred by: _____

Company Name: _____

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 \$1600	<input type="checkbox"/> \$240	\$30 million and up	30
<input type="checkbox"/> Level 3 \$1000	<input type="checkbox"/> \$150	\$10 million - \$30 million	15
<input type="checkbox"/> Level 2 \$600	<input type="checkbox"/> \$90	\$5 million - \$10 million	10
<input type="checkbox"/> Level 1 \$400	<input type="checkbox"/> \$60	\$5 million and under	5
<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

