



# MEMBER APPLICATION FORM

Email or mail application.

membership@naturalstoneinstitute.org | 380 E. Lorain St. Oberlin, OH 44074 | P: 440-250-9222

## COMPANY INFORMATION:

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Website: \_\_\_\_\_

P.O. Mailing Address (if different than physical): \_\_\_\_\_

**PRIMARY CONTACT INFORMATION:** This individual will be the primary contact for all Natural Stone Institute business matters including: having the company's vote on any membership issues submitted for a vote; receiving all member mailings and communications and acknowledges understanding of the Privacy Policy; and agrees that the company will adhere to the Code of Ethics.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Direct Dial: \_\_\_\_\_

Mobile: \_\_\_\_\_ May we text you?  Yes  No

**BUSINESS INFORMATION:** This information will be used for your membership directory listing.

**Please enter one primary type of business from the list below:** \_\_\_\_\_

For your directory listing, please check ALL business types that apply:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Stone Producer/Quarrier | <input type="checkbox"/> Stone Fabricator | <input type="checkbox"/> Business to Consumer    | <input type="checkbox"/> Product Sales Agent |
| <input type="checkbox"/> Stone Importer/Exporter | <input type="checkbox"/> Stone Installer  | <input type="checkbox"/> Business to Business    | <input type="checkbox"/> Equipment Supplier  |
| <input type="checkbox"/> Stone Distributor       | <input type="checkbox"/> Stone Consultant | <input type="checkbox"/> Maintenance/Restoration |  |

The following information is kept confidential: Number of Employees: \_\_\_\_\_

Approximate Annual Sales (in US dollars):

- Under \$1 million  \$1-5 million  \$5-10 million  \$10-25 million  Over \$25 million

## DO YOU HAVE ADDITIONAL (BRANCH) LOCATIONS?

**Each additional location is \$200.** You will be contacted for additional information.

Do you have branch locations that require directory listing and member services?  Yes  No How many? \_\_\_\_\_

**MEMBERSHIP DUES: Annual Dues 1st Location: \$1,000 Additional Locations: \$200 each**

### OPTION 1: Credit Card Subscription Payment Plan

Selection of a payment plan authorizes NSI to auto withdrawal dues by credit card per designated plan. Payments occur on the 15th of the month. Please select from one of the following:

- Annual Auto-withdrawal Payment — \$1,000  Semi-Annual Auto-withdrawal Payment — \$500

*Please enter credit card information below.*

### OPTION 2: Invoice \$1,000 Annually

#### Select Payment Method

- Credit Card  Company Check: US funds & full payments only please.  Wire Transfer: Information upon request.

Additional branch locations (if any) \_\_\_\_\_

**Total amount due upon submission \$** \_\_\_\_\_

#### Credit Card Information

- MasterCard  VISA  American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

#### Credit Card Billing Information (if different than physical mailing address)

Name on the Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_