



ASSOCIATE MEMBERSHIP APPLICATION

Date: _____

How did you hear about us? Internet Magazine Other

If Referred, by whom? _____
Name and Organization

Company/Organization Name	_____		
Business Phone	_____	Fax	_____
Mailing Address	_____		
City	_____	State	_____ Zip _____

Member Fees:

Member fees are billed annually in January of each year and include up to 3 representatives. To calculate your fees for this year, please find the corresponding month of enrollment and enter the amount here.

Annual Dues:

	National	Chapter		National	Chapter
Jan - Mar Enrollment	\$ 460	\$ 360	Jul - Sep Enrollment	\$ 230	\$ 180
Apr - Jun Enrollment	\$ 345	\$ 270	Oct - Dec Enrollment	\$ 115	\$ 90

\$ _____

Choose your Chapter:

Arizona Nevada Utah
 Colorado Texas National

INCLUDED

Representative 1 (Primary & Billing Contact):

Representative 2:

Name _____
Title _____
Phone _____
Email _____

Name _____
Title _____
Phone _____
Email _____

Representative 3:

Name _____
Title _____
Phone _____
Email _____

Disclaimer: By sending in a completed application form to RMFMA, we hereby give RMFMA and its staff permission to contact us via electronic mail.

INCLUDED

Additional Representatives:

Each representative over 3 is charged \$ 35 per person. Please calculate the total number of additional representatives multiplied by \$ 35 and enter the amount here. (i.e. 2 additional x \$ 35 = \$ 70)

Please use Page 2 to add additional representatives' information.

\$ _____

Total: Please add all amounts on the right and enter the total amount.

Make Checks payable to RMFMA and include a copy of this application.

Mail to: RMFMA National Treasurer, 1281 E Magnolia Street Unit D #209, Fort Collins, CO 80524

Charge My Credit Card VISA / MASTERCARD / AMERICAN EXPRESS Expires _____

Card Number _____ Security Code _____

Card Billing Address _____

Card Holder Signature _____ Billing Zip Code _____

\$ _____

For Office Use Only: DT _____	ODB _____	MDB _____	WL _____	I _____
Org # _____	U&P _____	MDV _____	EB _____	R _____



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Additional Representatives

Representative 4:

Name _____
Title _____
Phone _____
Email _____

Representative 5:

Name _____
Title _____
Phone _____
Email _____

Representative 6:

Name _____
Title _____
Phone _____
Email _____

Representative 7:

Name _____
Title _____
Phone _____
Email _____

Representative 8:

Name _____
Title _____
Phone _____
Email _____

Representative 9:

Name _____
Title _____
Phone _____
Email _____