



MEMBER APPLICATION: Associate Level

Date: _____

Company Name: _____

Address: _____

Main Telephone Number: _____ Fax Number: _____

Website: _____

Type of Business: _____ Number of Employees: _____

Main Business Focus or Services Provided: _____

President/CEO: _____ Email: _____

Controller/CFO: _____ Email: _____

Plant Mgr. /COO: _____ Email: _____

HR Mgr. /Director: _____ Email: _____

Primary Contact to MRMA: _____ Email: _____

Please use an additional sheet if you would like others to receive monthly information.

New member applications must be approved by the Board of Directors.

Membership Dues are paid on an annual basis. An invoice for membership dues will be sent once the application is accepted. Dues are non-refundable.

Associate Member Annual Dues: \$650

**Mail completed application to: MRMA
3001 S.W. College Road, PMB No. 1
Ocala, Florida 34474-4415**

**For questions, contact: Kathleen Betz, MRMA Executive Director
Kathleen.MRMA@gmail.com
Phone (352) 840-5764**