



**MEMBERSHIP APPLICATION FORM: MANUFACTURER / DISTRIBUTION CENTER / LOGISTICS / SUPPLY CHAIN**

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

**Number of Employees:**

1 to 25	\$ 175
26 to 50	\$ 275
51 to 100	\$ 375
101 to 300	\$ 475
301 plus	\$ 575

**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](mailto:Kathleen.MRMA@gmail.com)  
Phone (352) 840-5764