



ASSOCIATE MEMBER APPLICATION

DATE _____

COMPANY NAME _____

ADDRESS _____

MAIN TELEPHONE NUMBER _____

FAX NUMBER _____

WEBSITE _____

TYPE OF BUSINESS _____

NUMBER OF EMPLOYEES _____

MAIN BUSINESS FOCUS OR SERVICES PROVIDED _____

COMPANY PRESIDENT OR CEO _____

PRIMARY CONTACT _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

ASSOCIATE MEMBER BENEFITS:

1. MONTHLY LUNCH PRESENTATIONS THAT INCLUDE TRAINING, SEMINARS, AND BEST PRACTICES TOURS;
2. YOUR WEBSITE LINK ON THE MRMA WEBSITE.

ASSOCIATE MEMBER DUES FOR 2009: \$375.00

REMIT TO: MRMA
PO BOX 5683
OCALA, FL 34478

FOR QUESTIONS, CONTACT Robert Goldberg, MRMA Membership Chair, 352-622-5273

THANK YOU FOR YOUR INTEREST!