



LIMITED TIME OFFER!

MEMBER APPLICATION FORM

2 Year NSI Membership / 1 Year funded by Miles Supply

Email, fax or mail application.

membership@naturalstoneinstitute.org | p: 440-250-9222 f: 440-774-9222
380 E. Lorain St. Oberlin, OH 44074

Company Name _____
Shipping Address _____
Mailing Address _____
City _____ State/Province _____
ZIP/Postal Code _____ Country _____
Work phone _____ Fax _____
Website _____

Type of Business: This information will be used for your membership directory listing.

Please check ALL that apply:

- Stone Producer/Quarrier
- Stone Distributor
- Stone Fabricator
- Business to Business
- Product Sales Agent
- Stone Importer/Exporter
- Maintenance/Restoration
- Business to Consumer
- Equipment Supplier
- Stone Consultant
- Stone Installer

About Your Company: 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

Member Dues: Membership is non-transferable to other brands or locations.

1st Location — Year 1: \$1,000 paid by Company Year 2: \$0 paid by Company, \$1,000 paid by Miles Supply

Please select payment plan: Payment plans are ongoing and avoid any dues increase. After 1 year, please provide us with 30 days' notice of cancellation. Payments occur on the 15th of the month unless otherwise requested.

- PAY IN FULL — Dues charged on the 15th of your anniversary month.
- SEMI-ANNUAL PAYMENTS — Due upon receipt of this form, & every 6 months annually.
- QUARTERLY PAYMENTS — Due upon receipt of this form, & every 3 months annually.

Total amount due \$ _____

Select payment method

- Credit Card — Allows for subscription options above.
- Company Check — US Funds and full payments only please.
- Wire Transfer — Information upon request.
- Invoice me annually — For wire transfer and non-subscription plans only.



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Contact Information

PRIMARY CONTACT: This individual will be the primary contact for all association business matters and activities, will have the company's vote on any membership issues submitted for a vote, will receive all mailings and communications, and agrees that the company will adhere to the association Code of Ethics.

Name _____
 Position/Title _____ Email _____

SECONDARY CONTACT:

Name _____
 Position/Title _____ Email _____

Accounts Payable:

Name _____ Email _____

Marketing:

Name _____ Email _____

Safety Manager:

Name _____ Email _____

Sales:

Name _____ Email _____

ADDITIONAL LOCATIONS OR BRAND NAMES (\$200EA):

Company Name _____
 Shipping Address _____
 Mailing Address _____
 City _____ State/Province _____
 ZIP/Postal Code _____ Country _____
 Work phone _____ Fax _____

Primary Contact:

Name _____
 Position/Title _____ Email _____

Secondary Contact:

Name _____
 Position/Title _____ Email _____



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Primary Contact:

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 Position/Title _____ Email _____

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Name _____
 Position/Title _____ Email _____

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