



ASSOCIATE MEMBER 2021 APPLICATION

Company	
Address	
City, State, Zip	
Phone Number	
Fax Number	
Website	
Email Address	
Voting Member	

Phone () _____ Email _____

Company Personnel Title Address Telephone Email

Check	Associate Member Category	Membership	Promotional	Total Dues
<input type="checkbox"/>	Masonry Contractor	\$970	\$400	\$1,370
<input type="checkbox"/>	Natural Aggregates - Sand	\$2,000	\$400	\$2,400
<input type="checkbox"/>	RW Licensor	\$2,000	\$400	\$2,400
<input type="checkbox"/>	Admix, Pigment and Preblended Mortar/Grout	\$2,105	\$400	\$2,505
<input type="checkbox"/>	Block Mfr. Equipment	\$4,000	\$400	\$4,400
<input type="checkbox"/>	Natural Aggregates – Stone	\$2,000	\$2,500	\$4,500
<input type="checkbox"/>	Lightweight Aggregates	\$6,000	\$2,500	\$8,500
<input type="checkbox"/>	Cement Supplier	\$7,500	\$2,500	\$10,000
<input type="checkbox"/>	Auxillary Products/Services (not covered above)	\$2,000	\$400	\$2,400

Dues are payable at the beginning of the accounting period selected—1st day of each quarter or annually.
 Indicated payment: Annually () Quarterly ()

I hereby certify that the above information is true and correct and that I understand that by signing this form I have made a good faith commitment for one year of dues payment for the period January 1, 2021 to December 31, 2021 as an associate member. Membership will continue indefinitely in one year increments unless written cancelation of membership is submitted in writing.

Authorized Representative _____ Title _____ Date _____

Please return to Abigail Gabbard at agabbard@scmaonline.org