



ASSOCIATE MEMBER APPLICATION

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

Phone () _____ Email _____

<u>Company Personnel</u>	<u>Title</u>	<u>Address</u>	<u>Telephone</u>	<u>Email</u>

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	\$2,100	\$400	\$2,500
<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

A Promotional assessment of is added to each Associate member’s dues to help support SCMA marketing efforts.

Dues are payable at the beginning of the accounting period selected—January 1st for annual billing *or* January 1st and July 1st for biannual billing.

Indicated payment: Annually () Biannually ()

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 to December 31 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 form to info@scmaonline.org.