



PRODUCER MEMBER APPLICATION

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

Plant address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Toll Free \_\_\_\_\_

Company Personnel                      Title                      Address                      Telephone                      Email

|  |  |  |  |  |
|--|--|--|--|--|
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TYPE OF CONCRETE MASONRY UNITS PRODUCED: ( ) Standard CMU ( ) Architectural CMU ( ) Hardscapes  
 ( ) Seg. Retaining Wall ( ) Bricks Other \_\_\_\_\_

Check applicable production below. Please *complete a separate form for each plant in operation.*  
 This information is confidential and for the use of SCMA staff members only.

Dues are based on this year's production at each plant in operation.

| <u>Eight Inch Equivalents Produced or Sold</u> | <u>Annual Dues</u> |
|--|--------------------|
| ( ) 0 to 1,000,000                             | \$2,430.00         |
| ( ) 1,000,000 to 2,000,000                     | \$3,490.00         |
| ( ) 2,000,000 to 3,000,000                     | \$4,710.00         |
| ( ) 3,000,000 to 4,000,000                     | \$5,770.00         |
| ( ) 4,000,000 and over                         | \$6,985.00         |

A Promotional Fund assessment of \$800 per CMU plant will be added to the total.

Total number of cavities \_\_\_\_\_

Dues are payable at the beginning of the accounting period selected—January 1<sup>st</sup> for annual billing \*or\* January 1<sup>st</sup> and July 1<sup>st</sup> 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 a producer member. Membership will continue indefinitely in one year increments unless written cancelation of membership is submitted in writing.

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Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Please return form to [info@scmaonline.org](mailto:info@scmaonline.org).