



MEMBER APPLICATION FORM

Email or mail application.

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

COMPANY INFORMATION:

Company Name: _____

Physical Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Work Phone: _____ Website: _____

P.O. Mailing Address (if different than physical): _____

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

First Name: _____ Last Name: _____ Position/Title: _____

Email: _____ Direct Dial: _____

Mobile: _____ May we text you? Yes No

BUSINESS INFORMATION: This information will be used for your membership directory listing.

Please enter one primary type of business from the list below: _____

For your directory listing, please check ALL business types that apply:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Stone Producer/Quarrier | <input type="checkbox"/> Stone Fabricator | <input type="checkbox"/> Business to Consumer | <input type="checkbox"/> Product Sales Agent |
| <input type="checkbox"/> Stone Importer/Exporter | <input type="checkbox"/> Stone Installer | <input type="checkbox"/> Business to Business | <input type="checkbox"/> Equipment Supplier |
| <input type="checkbox"/> Stone Distributor | <input type="checkbox"/> Stone Consultant | <input type="checkbox"/> Maintenance/Restoration | |

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

DO YOU HAVE ADDITIONAL (BRANCH) LOCATIONS?

Each additional location is \$200. You will be contacted for additional information.

Do you have branch locations that require directory listing and member services? Yes No How many? _____

MEMBERSHIP DUES: Annual Dues 1st Location: \$1,000 Additional Locations: \$200 each

OPTION 1: Credit Card Subscription Payment Plan

Selection of a payment plan authorizes NSI to auto withdrawal dues by credit card per designated plan. Payments occur on the 15th of the month. Please select from one of the following:

- Annual Auto-withdrawal Payment — \$1,000 Semi-Annual Auto-withdrawal Payment — \$500

Please enter credit card information below.

OPTION 2: Invoice \$1,000 Annually

Select Payment Method

- Credit Card Company Check: US funds & full payments only please. Wire Transfer: Information upon request.

Additional branch locations (if any) _____

Total amount due upon submission \$ _____

Credit Card Information

- MasterCard VISA American Express

Card Number: _____ Expiration Date: _____ Verification Code: _____

Credit Card Billing Information (if different than physical mailing address)

Name on the Card: _____

Billing Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____