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# ALLIED TRADES MEMBERSHIP

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## APPLICANT INFORMATION

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/PROVINCE \_\_\_\_\_

STATE/COUNTRY \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT NAME MR / MRS / MS \_\_\_\_\_

E-MAIL \_\_\_\_\_

Website \_\_\_\_\_

## ANNUAL DUES

**Annual Dues - \$180 Membership Year is January 1 – December 31**  
**Pro Rata Dues @ \$15 per month**

## PAYMENT INFORMATION

Membership Investment \$ \_\_\_\_\_  Please charge my dues to my

E-Newsletter Sponsorship \$ \_\_\_\_\_  Visa  MasterCard  Amex  Discover

\_\_\_\_\_ editions @ \$125 ea. Account# \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

TOTAL DUES INVESTMENT \$ \_\_\_\_\_ Signature \_\_\_\_\_

Enclosed is my check payable to RMFA  Print Name on Card \_\_\_\_\_

## SPONSOR INFORMATION

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Please return this application to: RMFA, 2110 65th Ave Greeley, Colorado 80634**

If you have any questions regarding this application, please contact Mary Ewing at (866) 964-RMFA