



Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Website: _____

Please explain what your business does and how it may help RMTMA members:

☐ Annual RMTMA Chapter Membership Fee & Benefits: **ONLY \$850**

- Listing on our website homepage (included)
- Associate member recognition at our events (included)
- Published articles about your business emailed to members (2x a year) (included)
- Electronic list of members in excel format (included)
- Listing in our newsletters (included)
- First right of refusal on all sponsorship opportunities including events, advertising, newsletter ads and other chapter promotions (included)
- Social media stories shared and promoted on our platforms (included)
- Your blogs, stories, newsletters, and events are promoted by the association (included)

****RMTMA Associate Membership is not NTMA Membership. Benefits that Regular Members have are not all applicable to Associate Membership.***

TOTAL PAYMENT:

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PAYMENT

☐ Enclosed is my check of US \$ _____ made payable to **RMTMA**.

OR

☐ Please charge my credit card: ☐ Visa ☐ MasterCard ☐ AMEX Exp. Date _____ Zip _____

| | | | | | | | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|
| Credit Card # | | | | | | | | | | | | | CVV # | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|

Signature _____ Name _____ (as it appears on card)

*****This application does not guarantee membership in the association. Each application is reviewed by the Board of Directors and membership is at their discretion.***

Email your completed application to chapterexec@rmtma.org

Questions? 626-510-4085