



Industry Partner Member Application

Please complete this form.

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 (included)
- Industry Partner 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:

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.**