



MANUFACTURER APPLICATION

Date: _____

Company Name: _____

Address: _____

Main Telephone Number: _____ Fax Number: _____

Website: _____

Type of Business _____ Number of Employees _____

Main Business Focus or Services Provided _____

President/CEO _____ Email _____

Controller/CFO _____ Email _____

Plant Mgr./COO _____ Email _____

HR Mgr./Director _____ Email _____

Primary Contact to MRMA _____ Email _____

2017 Annual Dues

Number of Employees:	1 to 25	\$ 175
	26 to 50	\$ 250
	51 to 100	\$ 350
	101 to 300	\$ 400
	301 plus	\$ 450

Mail completed application and check to: P.O. Box 5683
Ocala, Florida 34478

For questions, contact: Rob Adamiak, MRMA Executive Director (352)840-5764-Phone
mrma.email@gmail.com (352)873-7910-FAX