



ASSOCIATE 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 \_\_\_\_\_

**2018 Dues**

Associate Annual Dues: \$650

Mail completed application to: MRMA

P.O. Box 5683

Ocala, Florida 34478

For questions, contact:

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