



# Rocky Mountain Bean Dealers Association

P.O. Box 2255, Loveland, Colorado 80539

Tel: 970.667.4949, Fax: 720.306.2878, Email: [admin@rockymountainbean.org](mailto:admin@rockymountainbean.org)

## APPLICATION FOR ASSOCIATE MEMBERSHIP

(I, We) hereby submit application for Associate Membership in The Rocky Mountain Bean Dealers Association.

1. Name of Company \_\_\_\_\_ Date \_\_\_\_\_  
P.O. & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
Website Address \_\_\_\_\_
2. To whom should correspondence be addressed: \_\_\_\_\_  
Contact information if different than above: \_\_\_\_\_  
\_\_\_\_\_
3. Principal Officers and Titles: \_\_\_\_\_  
\_\_\_\_\_
4. Nature of Business: \_\_\_\_\_  
\_\_\_\_\_
5. Do you have a current copy of the bylaws, rules and regulations of the Association? \_\_\_\_\_
6. Do you agree, if elected a member of this Association, to abide by these bylaws, rules and regulations? \_\_\_\_\_

**APPLICATION SPONSORED BY:**

**APPLICANT'S SIGNATURE:**

Individual \_\_\_\_\_

\_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_