



Rocky Mountain Bean Dealers Association

P.O. Box 2255, Loveland, Colorado 80539

Tel: 970.667.4949, Fax: 720.306.2878, Email: 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:

Individual _____

Company _____

APPLICANT'S SIGNATURE:

Title _____

Date _____