

Membership Application

Please provide the following information:

Full Name of Company		acts or services of this businesss	Number of Employees	Date
Mailing address, City, State, Zi	p	Phone	Fax	
Please indicate the name and title	of the person in charge of each of the	following responsibilities: (Please note their email a	addresses and direct phone numbers.)	
Plant Manager or CEO	Title/Position	Email Address	Phone	
TRMA Contact Person	Title/Position	Email Address	Phone	
Environmental	Title/Position	Email Address	Phone	
Human Resources	Title/Position	Email Address	Phone	
Maintenance	Title/Position	Email Address	Phone	
Governmental Affairs	Title/Position	Email Address	Phone	
Safety	Title/Position	Email Address	Phone	
Other	Title/Position	Email Address	Phone	
Other	Title/Position	Email Address	Phone	

Please return applications to:

DUES SCHEDULE

Join your peers in **Three Rivers Manufactures' Association**. Membership offers you many rewards, from shared resources to networking to money-saving ideas. Invest today and take advantage of the dividends!

TRMA Investment Schedule

Full Member:		Associate Member:			
Number of Employees	Annual Investment	Number of Employees	Annual Investment		
1 - 10 11 - 25 26 - 50 51 - 75 76 - 100 101 - 125 126 - 150 151 - 200 201 - 250	\$265 390 615 760 900 1060 1190 1365 1725	1 - 10 11 - 26 27 + Full member companies with more in our area may add additional factors. * Please note TRMA is on a calen	\$265 390 615 than one operating facility cilities at \$500.00 dar year billing cycle, ini-		
251 - 300 301 - 400 401 - 500 501 - 750 751 +	1955 2495 2855 3440 4080	& <i>V</i>	tial billing of new member investments are prorated to bring new member companies "online" with our billing cycle.		

