

Company Name _____ Phone _____

Address _____ Fax _____

City _____ St _____ Zip _____

A/P Contact _____

A/P Email _____

Contact Person(s) (Please designate one (1) as voting representative)

(Voting Rep): Name _____ Title _____ Email _____

Signature _____ Date _____


Additional Contacts (non-voting): Name _____ Title _____ Email _____

Payment Options

Annual Quarterly Monthly

Credit Card (Authorization form attached)

Mail Invoice



MIM will notify you upon Board of Trustees approval, following the next regularly scheduled board meeting.

Membership Dues

PLEASE MEMBERSHIP CLASSIFICATION DESIRED

CHOOSE PAYMENT OPTION

Voting Status	ANNUAL	QUARTERLY	MONTHLY
MASON CONTRACTOR MEMBER			
ANNUAL MICHIGAN VOLUME			
<input type="checkbox"/> \$1 to \$500,000	\$825.00 <input type="checkbox"/>	.. \$214.00 <input type="checkbox"/>	... \$74.00 <input type="checkbox"/>
<input type="checkbox"/> \$500,001 to \$1,000,000	\$1540.00 <input type="checkbox"/>	.. \$392.00 <input type="checkbox"/>	... \$134.00 <input type="checkbox"/>
<input type="checkbox"/> \$1,000,001 to \$2,000,000	\$2750.00 <input type="checkbox"/>	.. \$695.00 <input type="checkbox"/>	... \$235.00 <input type="checkbox"/>
<input type="checkbox"/> \$2,000,001 to \$3,000,000	\$4400.00 <input type="checkbox"/>	.. \$1107.00 <input type="checkbox"/>	... \$372.00 <input type="checkbox"/>
<input type="checkbox"/> \$3,000,001 to \$5,000,000	\$6050.00 <input type="checkbox"/>	.. \$1520.00 <input type="checkbox"/>	... \$510.00 <input type="checkbox"/>
<input type="checkbox"/> Greater than \$5,000,000	\$7700.00 <input type="checkbox"/>	.. \$1932.00 <input type="checkbox"/>	... \$647.00 <input type="checkbox"/>
MASONRY SUPPLIER MEMBER			
<input type="checkbox"/> Brick Producers/Suppliers	\$2770.00 <input type="checkbox"/>	.. \$700.00 <input type="checkbox"/>	... \$236.00 <input type="checkbox"/>
<input type="checkbox"/> Block Producers/Suppliers	\$4380.00 <input type="checkbox"/>	.. \$1102.00 <input type="checkbox"/>	... \$370.00 <input type="checkbox"/>
<input type="checkbox"/> Cement Producers	\$570.00 <input type="checkbox"/>		
ACCESSORY SUPPLIERS			
<input type="checkbox"/> \$1 to \$1,000,000	\$825.00 <input type="checkbox"/>	.. \$213.00 <input type="checkbox"/>	... \$74.00 <input type="checkbox"/>
<input type="checkbox"/> \$1,000,001 to \$2,000,000	\$1540.00 <input type="checkbox"/>	.. \$392.00 <input type="checkbox"/>	... \$134.00 <input type="checkbox"/>
<input type="checkbox"/> Greater than \$2,000,000	\$2400.00 <input type="checkbox"/>	.. \$607.00 <input type="checkbox"/>	... \$205.00 <input type="checkbox"/>
STONE PRODUCERS/SUPPLIERS			
<input type="checkbox"/> \$1 to \$1,000,000	\$825.00 <input type="checkbox"/>	.. \$213.00 <input type="checkbox"/>	... \$74.00 <input type="checkbox"/>
<input type="checkbox"/> \$1,000,001 to \$2,000,000	\$1540.00 <input type="checkbox"/>	.. \$392.00 <input type="checkbox"/>	... \$134.00 <input type="checkbox"/>
<input type="checkbox"/> Greater than \$2,000,000	\$2400.00 <input type="checkbox"/>	.. \$607.00 <input type="checkbox"/>	... \$205.00 <input type="checkbox"/>
<input type="checkbox"/> ASSOCIATE MEMBER	\$735.00 <input type="checkbox"/>	.. \$191.00 <input type="checkbox"/>	... \$67.00 <input type="checkbox"/>
Non-Voting Status			
<input type="checkbox"/> INFORMATIONAL MEMBER	\$400.00 <input type="checkbox"/>	.. \$107.00 <input type="checkbox"/>	... \$39.00 <input type="checkbox"/>
<input type="checkbox"/> CRAFTSPERSON	\$110.00 <input type="checkbox"/>		

24725 W. Twelve Mile Rd.
Suite 388
Southfield, MI 48034



phone (248) 663-0415
fax (248) 663-0420
www.masonryinfo.org

Please send invoice
(credit card form does not need to be filled out)

A non-profit corporation

Credit Card Transaction Verification Form

I authorize Masonry Institute of Michigan to charge my credit card in the amount identified below.

Credit Card Type:   

Card Number _____

Expiration Date: _____ Billing Zip Code: _____

Cardholder Name: _____

Amount to be charged \$ _____

Membership Dues*: Annual Quarterly Monthly
*Refer to Dues Schedule on Membership Application

Invoices, literature, other: _____

Account Information:

Company Name: _____

Contact Person: _____

Contact Email: _____

Company Address: _____

City, State and Zip: _____

Phone number: _____

Date: _____

**Submit via email
or Print and Fax both forms to (248) 663-0420**

MIM will process the credit card indicated above once forms are received and mail receipt.

Any questions, please contact Michelle at (248) 663-0415 or michelle@masonryinfo.org