



TMA

Tennessee Mining Association

APPLICATION FOR MEMBERSHIP

In consideration of election as a member, the undersigned agrees to abide by the bylaws and any amendments thereto of the Tennessee Mining Association and by any resolutions of its Board of Directors.

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Company Website: _____

Designated Representative: _____

Title: _____

Office #: _____ **Mobile #:** _____ **Email:** _____

Primary business focus: _____

Number of Employees in Tennessee: _____

Introductory Membership Rate:

\$1,000 Billed Annually: (Y/N) ___ \$1,200 Billed Monthly @ \$100/mo.: (Y/N) ___

*Please submit applications to our Membership Director at chaselaine@laine.com

Payment Information

Cardholder Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email for Receipt: _____

Card Number: _____

Expiration: _____ **CVC:** _____



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*If you have any questions, please contact our Membership Director at chaselaine@laine.com

TMA is a chartered, non-profit organization for the sensible utilization and promotion of our bountiful land and mineral resources for the benefit of all citizens of the state of Tennessee.

