

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:	Sta	ate:	_ Zip Code:
Company Website:			
Designated Represen	tative:		
Title:			
	Mobile #:	Email:	
Primary business foci	us:		
Number of Employee	es in Tennessee:		
Mining Division Desi	gnation: □ Aggregate	☐ Mineral ☐ Ve	ndor
Dues - based on the r	number of employees		
□ 1-10: \$1,000	□ 11-25: \$2,500	26-50: \$5,000	50+: \$7,500
Payment Information	<u>1</u>		
Cardholder Name:			
Address:			
City:	State:		Zip:
Email for Receipt:			
Card Number:			
Expiration:	CVC:		

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.