

# Corporate Associate Application<sup>?</sup>

Application Date: \_\_\_\_\_

<b>Corporation Name:</b>
<b>Principal Contact:</b>
<b>Postal Address:</b>
<b>Primary Area of Interest</b>
<b>Telephone:</b>
<b>E-Mail:</b>
<b>Web Site URL:</b>
<b>Effective Date:</b>
<b>Additional Contacts:</b>
<b>How can we best serve you</b>

ADDITIONAL COMMENTS:

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<sup>?</sup> The completed application may be e-mailed to [registrar@rmspartnership.org](mailto:registrar@rmspartnership.org), and an invoice will be generated, or it may mailed normally to RMS Partnership, P.O. Box 244, Frederick MD 21705, yielding the same process.