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MEMBERSHIP APPLICATION

Company Info:				
•	Company Name:		MAILI	ING LIST INFO
\$	Street Address:		Contac	t Person:
•	City:		Primar	y Email:
\$	State:	Zip:	Additio	onal Emails:
]	Phone:	Fax:	Additio	onal Emails:
•	Company Website:			
Mailing Address (if different than above)				
I	Mailing Address:			
•	City:			
\$	State:	Zip:		
Billing Address (if different than above):				
]	Billing Address:		Billing Email:	
•	City:		Billing Contact name:	
\$	State:	Zip:	Billing Phone:	
			Billing	Fax:
MEMBERSHIP CLASSIFICATION:				
	Manufacturing Men	nbers		\$200.00/year dues
	Non-Manufacturing (Supplier)			\$150.00/year dues
П	Associate Member (Architect & Designer		·s)	\$25.00/year dues