



1645 Parkhill Dr, Suite 6
 Billings, MT 59102
 406-256-1005
 Fax: 406-256-0785
 1-800-388-0236

Member Application

DBA Name: _____

Corporate Name: _____

Street Address: _____ Suite# _____

City, State, Zip: _____ St _____ Zip+4 _____ - _____

Mailing Address: _____ Suite# or PO Box _____

City, State, Zip: _____ St _____ Zip+4 _____ - _____

Telephone: (____) _____ Fax: (____) _____

Website Address: _____ Toll Free (____) _____

Owner(s) Name: _____ Email: _____

Manager Name: _____ Email: _____

All financial information is confidential and is not provided to outside parties.

If you have multiple locations, please provide a list of all locations, addresses, manager's names, and phone numbers so that we can include each location in the Directory and our newsletter recipient list.

Membership: 1st location: \$400 /yr
 Additional locations: \$400 ea with voting rights OR \$200 without voting rights

Business Type: (P = primary, S = secondary) indicate as many as needed

Farm Implement Dealer	_____	Irrigation / Livestock / Other Eq	_____
Construction Equipment Dealer	_____	Repair - In-shop	_____
Truck & Heavy Equipment Sales	_____	Repair - Mobile	_____
Motorsports Dealer	_____	Other (specify)	_____

Allied Member: \$250 per year

Supplier _____ Wholesaler _____ Manufacturer _____

Specialty / Other (specify) _____

Billing Option: The best month to bill my annual dues each year is: _____

All Dues Investment Amounts are payable within 30 days of Invoice date.

Dues to MRA are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense.

21% of your annual dues assessed annually are non-deductible for federal income tax purposes under Sec. 162 (e) (2) because they are allocated for lobbying activities. Your payment to us is NOT subject to backup withholding. Our Federal Tax ID # is 81-0293490.

By providing your mailing address, phone numbers & email, you consent to receive communications on products and services by phone, fax or email, under U.S.C. 47 sec.227.

Payment Options

___ Check Enclosed ___ Charge Amount: \$ _____

Card Number: _____ Exp: ____/____

Signature: _____

Printed name: _____

Sales Agent or Office Use Only

Association Sales Rep/Agency _____ Data Entry _____

Benefit Interest: HUB WMI HPS Avitus Other _____

Comments: _____