

Solution Mining Research Institute

◆ www.solutionmining.org



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ORGANIZATION NEW MEMBERSHIP APPLICATION (ver 1 JAN 2020)

Organization: _____

Official SMRI Representative "REP" (responsible for dues payment, maintenance of staff in SMRI database, voting representative)

REP_NAME: _____

Exact Mailing Address:

STREET _____

CITY _____ STATE/Province _____

Postal_Code _____ Country _____

PHONE Country Code: + _____ Number _____ Extension _____

FAX Country Code: + _____ Number _____ Extension _____

REP E-mail, primary: _____

E-mail, back up (in case primary fails): _____

BILLING CONTACT name _____

Email for billing contact _____

Send additional copy of dues invoice to _____
(for SMRI to send invoice copies to additional e-mail addresses, add email address(es) above.)

Organization website: _____

Organization's number of employees _____

Please provide a brief description of your solution mining and cavern storage activities (operator, supplier, consultant, research, government regulator, etc.) to determine your membership classification.

Submitted by: _____ Date: _____

mail the **completed application to the Executive Director**. After approval by the Executive Committee, the membership classification will be determined and an invoice sent. **Please do not send funds with the application**