



RMRA Membership Registration

September 1, 2018 – August 31, 2019

Rink: _____

Main contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (____) _____ - _____ **Ext** _____

FAX: (____) _____ - _____ **Website:** _____

Email _____

About your facility:

Year built: _____ **Please circle one:** Public Private University Other

Building Sq Ft: _____ **Year round or Seasonal:** _____

System type: In-direct Direct **Primary Refrigerant:** _____ **Second:** _____

Number of surfaces: _____ **Type of Surface:** Sand Concrete

Bar or Restaurant: _____ **Number of IR:** _____ **IR Manufacturer:** _____

Membership Fee (\$150.00) **Individual Membership fee (\$50.00)**

Mail Registration & Check to:

RMRA
Attn: Amanda Gustafson
900 8th Ave
Greeley, CO 80631