



**NATIONAL AUTOMATIC MERCHANDISING ASSOCIATION**  
 20 North Wacker Drive, Suite 3500 – Chicago, IL 60606-3102  
 (312) 346-0370 FAX (312) 704-4140 Membership Info: (888) 337-8363  
 Web: www.vending.org

**2009 DISTRIBUTOR RENEWAL/MEMBERSHIP APPLICATION**

NAMA Use Only  
 Member #: \_\_\_\_\_  
 Join Date: \_\_\_\_\_  
 Status: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_  
 ACK Code: \_\_\_\_\_

**COMPANIES ELIGIBLE FOR MEMBERSHIP**

Companies who maintain inventory on their premises as they represent makers of product and equipment for the vending, coffee service, and foodservice industry.

NAMA Accounting Use Only  
 Date Paid: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Trans #: \_\_\_\_\_  
 Processed by: \_\_\_\_\_

We hereby apply for membership in the National Automatic Merchandising Association, and if Approved, agree to abide by the Association's Constitution and Bylaws.

*Bolded information is required*

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country** \_\_\_\_\_

**Telephone: (Area Code)** \_\_\_\_\_ **Fax: (Area Code)** \_\_\_\_\_

**Web site www.** \_\_\_\_\_

**Our official representative to receive mailings and to vote for our company will be:**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **E-mail** \_\_\_\_\_

Additional Personnel:

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

***Please check all that apply to your business:***

**Product Distributor**

**Equipment Distributor**

**Other (specify)** \_\_\_\_\_

**HOW TO CALCULATE YOUR ANNUAL DUES**

NAMA Distributor membership dues are based on annual total gross sales volume of products, equipment, and services to the vending, coffee service and manual foodservice industry.

<u>Gross Annual Sales</u>		<u>Dues</u>	
1) Less than \$10 Million	\$570.00	3) \$20 Million to \$40 Million	\$1,300.00
2) \$10 Million to \$20 Million	\$900.00	4) \$40 Million and Over	\$1,950.00

***A MINIMUM OF \$1,400.00 IN DUES MUST BE PAID IN ORDER TO EXHIBIT  
 (please see table on the reverse side)***

2009 Membership Dues (from above) \$ \_\_\_\_\_

Attached is a list of our branches that we would like added to the online membership directory @ \$100 per branch  
 (Branch contact will receive mailings and all NAMA benefits)

\$ \_\_\_\_\_

**NAMA Foundation voluntary contribution** \$100 \$75 Other \$ **50.00**

Your investment in the NAMA Foundation will ensure the continued delivery of premier educational programs, scholarships, publications and industry research dedicated to vending, coffee service and foodservice.

TOTAL PAYMENT \$ \_\_\_\_\_

OVER PLEASE FOR CERTIFICATION OF DUES REPORT →

**EXHIBITING DISTRIBUTOR DUES SCHEDULE (Prices effective through 12/31/09)**

1) <input type="checkbox"/> Less than \$1 Million	\$1,400.00	7) <input type="checkbox"/> \$15 Million to \$25 Million	\$8,000.00
2) <input type="checkbox"/> \$1 Million to \$2 Million	\$2,750.00	8) <input type="checkbox"/> \$25 Million to \$50 Million	\$10,000.00
3) <input type="checkbox"/> \$2 Million to \$4 Million	\$3,500.00	9) <input type="checkbox"/> \$50 Million to \$100 Million	\$13,000.00
4) <input type="checkbox"/> \$4 Million to \$7 Million	\$5,000.00	10) <input type="checkbox"/> \$100 Million to \$200 Million	\$16,000.00
5) <input type="checkbox"/> \$7 Million to \$10 Million	\$6,000.00	11) <input type="checkbox"/> \$200 Million to \$300 Million	\$20,000.00
6) <input type="checkbox"/> \$10 Million to \$15 Million	\$7,000.00	12) <input type="checkbox"/> Over \$300 Million	\$25,000.00

**CERTIFICATION OF DUES REPORT**

By signing this form I agree to receive notices, advertisements, announcements, brochures and other information from NAMA and its foundation, via facsimile, telephone and email. This permission to receive such notices and other information will continue and has no date of expiration.

I agree to abide by the NAMA Business and Ethical Standards and I certify that the information given is complete and correct.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Our dues check in the amount of \$ \_\_\_\_\_ is attached. Date \_\_\_\_\_



# \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as shown on card (please print): \_\_\_\_\_

Is billing address of card the same as above?  Yes  No

If no, please include billing address \_\_\_\_\_

Signature as shown on card: \_\_\_\_\_

Occasionally NAMA will require additional information to process an application. Your cooperation will be appreciated.

- 1) NAMA dues are not deductible as charitable contributions for federal income tax purposes, but may be partially deductible as a business expense. Consult your tax advisor regarding deductibility. NAMA estimates that 15% of your 2009 dues are not deductible because of NAMA's lobbying activities on behalf of its members.
- 2) Contributions to the NAMA Foundation may be deductible as a charitable contribution for federal income tax purposes. Consult your tax advisor.
- 3) NAMA is a non-profit association, where 100% of your dues go toward industry work and member benefits.