



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 INTERNATIONAL SUBSCRIBER
 RENEWAL/APPLICATION**
**Companies with no U.S. Vending, Coffee Service and/or
 Foodservice sales**

FOR NAMA USE MEM # _____ JOIN DATE: _____ EXP DATE: _____
NAMA ACCOUNTING USE Date Paid: _____ Check #: _____ Amount: _____ Trans #: _____ Processed by: _____

Please enter our Subscription for NAMA subscriber benefits. We expressly agree not to reproduce or distribute in any form, any bulletin, report or other material received from NAMA.

Bolded information is required

Company Name: _____

Company Address: _____

City: _____ **State, Province and Country:** _____

Postal Code: _____ **Web www.:** _____

Telephone: (Area Code) _____ **Fax: (Area Code)** _____

Our Official Representative to receive mailings will be:

Name: _____ **Title:** _____ **E-mail:** _____

Additional Personnel:

Name: _____ Title: _____ E-mail: _____

- For NAMA records please describe the principle business of the above organization

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

INTERNATIONAL SUBSCRIBER DUES SCHEDULE (PRICES EFFECTIVE THROUGH 12/31/09)

- Operator \$400
- Broker \$400
- Distributor \$400

- Supplier \$650
- Machine Manufacturer \$650

DUES SUB-TOTAL \$ _____

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 DUES \$ _____

OVER PLEASE FOR CERTIFICATION OF DUES REPORT →

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 check in **U.S. Dollars** for one year's fee is enclosed



   # _____ Exp. Date: _____ Security Code: _____

Name as shown on card (*please print*): _____

Is billing address of card the same as address on front of application? Yes No

If No, Please Include Billing address _____

Signature as shown on card: _____

- 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 works and member benefits.