



**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

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

**2010 VENDING, COFFEE SERVICE & FOODSERVICE  
 OPERATOR RENEWAL/MEMBERSHIP APPLICATION**

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

Companies providing vending, coffee service and foodservice management services to business, industry, educational, health care, and public locations.

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** \_\_\_\_\_

Please attach branch office contact information where applicable  
 Other Key Vending, Coffee Service and Foodservice Managers & Officers (For mailings, please update annually)

<u>JOB TITLE</u>	<u>NAME</u>	<u>EMAIL</u>
HR Director/Manager	_____	_____
Foodservice Director/Manager	_____	_____
Sales & Marketing Director/Manager	_____	_____
Finance Director/Manager	_____	_____
_____	_____	_____

\*\*\*\*\*

**Please complete the following**

<u>PRODUCTS VENDED</u>	<u>SERVICES PROVIDED</u>	<u>PERCENTAGE % OF SERVICES</u>
X. • Full Line Vending (includes food) OR	A. • Vending	_____
A. • Candy, Snacks and/or Pastry	B. • Coffee Service	_____
B. • Cold Beverages - Can/Bottle/Cup	C. • On-site Foodservice	_____
C. • Hot Beverages	D. • Mobile Catering	_____
D. • Food, Fresh/Frozen and/or Hot	E. • Commissary	_____
E. • Other (specify): _____	F. • Other (specify): _____	_____
_____	_____	_____

**OVER PLEASE FOR DUES COMPUTATION**



**DUES COMPUTATION**

Operator Membership Dues are based on TOTAL number of vending/coffee service employees in your company. *\*See below for foodservice employees.*

Owners actively engaged in the operation of the business, partners, managers, corporate executives, supervisors, sales route and shop maintenance personnel, office employees and location attendants .

<b><u>NEW Dues Structure</u></b>	
<b>First 5 Employees.....</b>	<b>\$339.00</b>
<b>6 – 99 Employees.....</b>	<b>\$25.00 each</b>
<b>If you have over 100 employees, please call NAMA Membership for appropriate application.</b>	

Please be accurate with your listing of # of employees so we will have appropriate influence when we lobby at State and/or Federal Government legislatures. Every dollar of your dues is put to work to provide superior services and support for our members.

**ANNUAL DUES REPORT**

**Owners, partners , corporate executives and other employees, up to a total of 5** **\$ 339.00**

**6 – 99 employees \$25.00 each** \$ \_\_\_\_\_

**\*Foodservice** **\$100.00**

\$100 fee per year covers all Foodservice operation employees

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

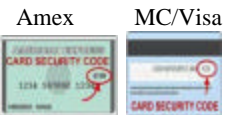
**CERTIFICATION OF DUES REPORT**

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 address on front of application? • 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 2010 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.