

# NABCA

## MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_ Name/Title of Application Submitter: \_\_\_\_\_

New NABCA Member?  Yes  No Request for Reinstatement?  Yes  No

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: Street: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ Would you like a link to your website posted on our website?  Yes  No

Would you like your company listed in the Contacts Directory?  Yes  No

Are you the parent company?  Yes  No If no, list the name of the parent company: \_\_\_\_\_

List all subsidiaries and/or companies you represent: \_\_\_\_\_

Name of Accounts Payable Rep.: \_\_\_\_\_ Accounts Payable Email: \_\_\_\_\_

Accounts Payable Telephone: \_\_\_\_\_ Accounts Payable Fax: \_\_\_\_\_

TYPE OF COMPANY:  Supplier  Broker  National Association  
*Check all that apply:*  State and Local Association  Allied  Health/Safety/Research  
 Governmental

Indicate which of the following Control Jurisdictions the applicant is doing business in:

- |                                  |   |   |                                       |   |
|----------------------------------|---|---|---------------------------------------|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Montgomery Co., MD | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> West Virginia      |
| <input type="checkbox"/> Idaho   | <input type="checkbox"/> Michigan           | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Utah         | <input type="checkbox"/> Wyoming            |
| <input type="checkbox"/> Iowa    | <input type="checkbox"/> Mississippi        | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Vermont      | <input type="checkbox"/> All Control States |
| <input type="checkbox"/> Maine   | <input type="checkbox"/> Montana            | <input type="checkbox"/> Oregon         | <input type="checkbox"/> Virginia     |   |

### Terms and Conditions of Membership:

By signing this application, I affirm the following:

I am authorized to submit a membership application to NABCA on behalf of my organization.

I understand that to maintain membership in good standing, invoices for reports, dues and special requests must be paid within 30 days of the invoice/statement date. Failure to honor net/30 payment terms may result in the suspension of reports and cancellation of membership.

I understand that data/report access and meeting participation of membership are **only** available to members in good standing.

If I am reinstating my membership, I agree to pay the reinstatement fee required by NABCA.

Application Completed/Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

Approving/Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_ (If paying by check, please make check payable to NABCA.)

Please return the completed application to Dawn Elliott at [Dawn.Elliott@nabca.org](mailto:Dawn.Elliott@nabca.org)  
or 4401 Ford Ave, Ste 700, Alexandria, VA 22302





Please complete the form of key officers at your organization to receive NABCA communication.

If you have any questions, please contact Dawn Elliott at 703-824-3380. If you need more space, please copy and attach.

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
OFFICE #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
ADDRESS: (If different from company)  
\_\_\_\_\_  
\_\_\_\_\_

Would you like a Member Login?  Yes  No  
Would you like to receive the Daily News Update?  Yes  No  
Would you like to receive the Member Newsletter?  Yes  No  
Would you like to be listed in the Contacts Directory?  Yes  No  
Are you the main membership contact person?  Yes  No

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
OFFICE #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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**FOR NABCA USE ONLY:**

DATE RECEIVED:		PAYMENT AMOUNT:	\$
MEMBERSHIP EFFECTIVE DATE:		PAYMENT TYPE:	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card
MEMBERSHIP CATEGORY:	<input type="checkbox"/> Supplier <input type="checkbox"/> Broker <input type="checkbox"/> Allied <input type="checkbox"/> Association <input type="checkbox"/> Governmental <input type="checkbox"/> Public Health/Safety/Research		