

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
 State and Local Association Allied Health/Safety/Research
 Governmental

PURPOSE OF BUSINESS: _____

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

Alabama Montgomery Co., MD New Hampshire Pennsylvania West Virginia
 Idaho Michigan North Carolina Utah Wyoming
 Iowa Mississippi Ohio Vermont All Control States
 Maine Montana Oregon 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
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

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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		