

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:

- | | | | | |
|----------------------------------|---|---|---------------------------------------|---|
| <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 Rigaud at
 Dawn.Rigaud@nabca.org or 2900 S. Quincy St., Suite 800, Arlington, VA 22206-2233





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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TITLE: _____
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FAX #: _____
EMAIL: _____
ADDRESS: (If different from company)

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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		