

NABCA

MEMBERSHIP APPLICATION

Date: _____ Name & Title of 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 to post your website link on NABCA's 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:

<input type="checkbox"/> Supplier/Producer/Importer	<input type="checkbox"/> State/Local Association	<input type="checkbox"/> Government Association
<input type="checkbox"/> Wholesaler/Broker	<input type="checkbox"/> Allied	<input type="checkbox"/> Public Health/Research/Academic
<input type="checkbox"/> Retailer	<input type="checkbox"/> Allied Association	<input type="checkbox"/> Public Health/Research/Academic Association
<input type="checkbox"/> International/National Association	<input type="checkbox"/> Government	

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 reinstate my membership, I agree to pay the reinstatement fee required by NABCA.

Application Completed/Authorized by: _____

Approving/Authorizing Signature: _____





Please enter the primary contact for your company?

Name: _____

Title: _____

Office/Mobile: _____

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 Legislative Update? Yes No

Would you like to be listed in the Contacts Directory? Yes No

Enter the key officers at your organization.

Name: _____

Title: _____

Office/Mobile: _____

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 Legislative Update? Yes No

Would you like to be listed in the Contacts Directory? Yes No

Name: _____

Title: _____

Office/Mobile: _____

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 Legislative Update? Yes No

Would you like to be listed in the Contacts Directory? Yes No

Name: _____

Title: _____

Office/Mobile: _____

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 Legislative Update? Yes No

Would you like to be listed in the Contacts Directory? Yes No

Name: _____

Title: _____

Office/Mobile: _____

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 Legislative Update? Yes No

Would you like to be listed in the Contacts Directory? Yes No

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		