

MD-DC VENDING

MEMBERSHIP APPLICATION FORM

I hereby apply for membership in the **MD-DC Vending Association**, and if accepted into membership, agree to abide by the Bylaws of the Association and Acts pursuant thereto. Please direct all membership mailings, bulletins and information to:

NAME:	
Company Name:	
Address:	
City, State, Zip:	
Phone:	
Fax:	
Email Address:	

Please send me copies of the Board of Directors' Meeting Minutes (email required.)

We agree to pay dues annually on the dues schedule established by the Council as follows:

Vending Operator Annual Dues - Annual Gross Sales

\$500,000 or Less	\$200	\$3,000,001 to 4,000,000	\$900
\$500,001 to 1,000,000	\$350	\$4,000,001 to 5,000,000	\$1100
\$1,000,001 to 2,000,000	\$500	\$Over 5,000,001	\$1300
\$2,000,001 to 3,000,000	\$700	Plus \$300 per each additional branch	

Office Coffee Service Annual \$200

Associate Companies Annual Dues (suppliers, Brokers, Distributors \$200

By signing this application and paying my dues, I agree to allow myself and my business or company to receive notices, advertisements, announcements, brochures and other information from the MD-DC Vending Association, the National Automatic Merchandising Association (NAMA), and its foundation via facsimile, telephone or email. I further agree that my express permission to fax, telephone or email me such notices and other information will continue with no date of expiration.

SIGNATURE:	
Title:	
Date:	

Please make your check payable to: MD-DC Vending Association or pay online by credit card.

This membership application is subject to approval by the Board of Directors