



ALLIED MEMBERSHIP APPLICATION

We hereby apply for membership in NAMI and provide the following information:

I. COMPANY INFORMATION

Company Name: _____
(As you would like it to appear in the NAMI database and membership directory)

Corporate Headquarters Address

Street: _____

PO Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Company E-mail Address: _____

Company Website: _____

CEO: _____

Year Founded: _____ Congressional District: _____

Main Contact to Receive NAMI Mailing & Dues Invoices

Name: _____ Title: _____

E-mail Address: _____

Same As Above Address Different Address (information below)

Street: _____

PO Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

II. LIST ALL THOSE IN YOUR COMPANY WHO NEEDS NAMI INFORMATION?

Name	Title	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. ALLIED MEMBERSHIP INFORMATION

Open to all companies involved in the meat and poultry industry exclusive of North American packers and processors and industry suppliers. Categories include companies or individuals engaged in distribution of meat &/or poultry products, retail sales and foodservice operations, which do not have a federal or state inspected facility.

Annual Dues: Allied Member dues are \$2,040.00 and are payable in one installment payment annually. Initial dues payment must be submitted with application.

Check the products and services your company offers below:

- Foodservice Operator By-Product Manufacturer Distributor
- Retailer Importer Industry Publication
- Other Wholesaler International Packer/Processor

Signature: _____ Print Name: _____

Title: _____ Date: _____