



GENERAL 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: _____

USDA Inspection Number(s): _____ Congressional District: _____

Year Founded: _____ CEO: _____

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. GENERAL MEMBERSHIP INFORMATION

Open to any North American packer or processor company that engages in the packing &/or processing of animal protein products.

Annual Dues: Dues are determined by multiplying the reported number of employees by the annual rate, as approved by the NAMI Board of Directors. The annual dues rate is \$40.95, per employee. Companies with fewer than 50 employees pay \$2,040.00 per year.

The Total Number of Employees in your company are: _____

$$\begin{array}{ccc} \underline{\hspace{2cm}} & \times \$40.95 = & \underline{\hspace{2cm}} / 4 = \underline{\hspace{2cm}} \\ \text{(# of employees)} & \text{(Annual Dues)} & \text{(Quarterly Dues)} \end{array}$$

PLEASE SUBMIT YOUR INITIAL QUARTERLY PAYMENT WITH THE MEMBERSHIP APPLICATION

- If your annual dues are \$2,040, the entire amount needs to be paid
- If your annual dues are between \$2,040-\$4,000, half the amount needs to be paid
- If your annual dues are more than \$4,000, dues are billed in equally quarterly installments on November 15th, February 15th, May 15th and August 15th.

Signature: _____ Print Name: _____

Title: _____ Date: _____