



NEIGHBORHOOD MARKET ASSOCIATION

"Empowering Family-Owned Businesses to Succeed"

Mail Application and Dues Payment to:

6367 Alvarado Court. Suite 204, San Diego, CA 92120

For additional information call NMA staff at 619-313-4400

Or email at NMA@neighborhoodmarket.com

RETAILER MEMBERSHIP APPLICATION

Reduced Annual Membership Fee*

\$250 per location

Memberships are based on Twelve Months (12) from this date ____/____/____

BUSINESS INFORMATION

Business Name _____

Address _____

City _____ **County** _____ **State** _____ **Zip Code** _____

Business # (____) _____ **Mobile #** (____) _____ **Fax #** (____) _____

Corporation: Yes No **Corp. Name** _____

Billing Address _____

City _____ **County** _____ **State** _____ **Zip** _____

Contact Person _____ **Title (owner, mgr., etc.)** _____
(Last) (First)

Email: _____

How many other retail businesses you own directly or indirectly? _____

REFERRED BY: _____

PAYMENT INFORMATION

Annual Membership

_____ ***\$250 per location (separate applications must be submitted for each location)**

Check box if you do not want \$50 of your membership fee to go towards the NMA Political Action Committee.

Please, check box if you are interested in joining the **NEW NMA Buying Group** so we can send you additional information.

Donation Type	\$50	\$100	\$500	\$1000	Other
NMA Political Action Committee	_____	_____	_____	_____	_____
Law Enforcement Reward Fund	_____	_____	_____	_____	_____
Membership Legal Defense Fund	_____	_____	_____	_____	_____

Please make check payable to Neighborhood Market Association or NMA

Office Use Only: ____/____ **QB** ____/____ **PKT** ____/____