NEIGHBORHOOD MARKET ASSOCIATION
“Empowering Family-Owned Businesses”

Mail Application and Dues Payment to:
6367 Alvarado Ct. # 204, San Diego, CA 92120

For additional information call NMA staff at 619-313-4400
Or email at NMA@neighborhoodmarket.com

SUPPLIER MEMBERSHIP APPLICATION

Three Levels of Annual Membership Fees*
Memberships are based on Twelve Months (12) from this date _____ / _____ / ________

<table>
<thead>
<tr>
<th>BUSINESS INFORMATION</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Wholesales/Distributor</td>
<td>Manufacturer</td>
</tr>
<tr>
<td>Business Name:</td>
<td></td>
</tr>
<tr>
<td>Business Address: Street:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>County:</td>
</tr>
<tr>
<td>Business #:</td>
<td>Fax #:</td>
</tr>
<tr>
<td>Billing Address: Street:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>County:</td>
</tr>
<tr>
<td>Contact Person #1:</td>
<td></td>
</tr>
<tr>
<td>(Last)</td>
<td>(First)</td>
</tr>
<tr>
<td>Email:</td>
<td>Mobile # (_____)_______-</td>
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<tr>
<td>Contact Person #2:</td>
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</tr>
<tr>
<td>(Last)</td>
<td>(First)</td>
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<td>Email:</td>
<td>Mobile # (_____)_______-</td>
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PAYMENT INFORMATION

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<tr>
<th>Donation Type</th>
<th>$50</th>
<th>$100</th>
<th>$500</th>
<th>$1000</th>
<th>Other</th>
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<tbody>
<tr>
<td>NMA Political Action Committee</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Law Enforcement Reward Fund</td>
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<tr>
<td>Membership Legal Defense Fund</td>
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</table>

Please make check payable to Neighborhood Market Association or NMA

Office Use Only: _____ / _______ QB _____ / _______ PKT _____ / _______