



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 ____/____/____

BUSINESS INFORMATION

____ Wholesales/ ____ Distributor	____ Manufacturer	____ Service ____ Provider	____ Broker	____ Other (specify)	Bank _____
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Business Name: _____

Business Address: Street: _____

City: _____	County: _____	State: _____	Zip Code: _____
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Business # _____	Fax # _____
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Billing Address: Street: _____

City: _____	County: _____	State: _____	Zip Code: _____
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Contact Person #1:	_____	_____	_____
	(Last)	(First)	Title

Email: _____	Mobile # (____) _____ - _____
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Contact Person #2:	_____	_____	_____
	(Last)	(First)	Title

Email: _____	Mobile # (____) _____ - _____
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PAYMENT INFORMATION

____ \$500 Annual Membership for companies with 1-10 employees

____ \$1000 Annual Membership for companies with 11-25 employees

____ \$1500 Annual Membership for companies with 26 or more employees

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

Please check the appropriate box(s) if you are interested in participating in the following:

- | | |
|---|--|
| <input type="checkbox"/> NMA Annual Banquet | <input type="checkbox"/> NMA Annual Golf Tournament |
| <input type="checkbox"/> NMA Annual Buying Trade Show | <input type="checkbox"/> Advertising in the NMA Publications |

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** ____/____/____