



NORTH AMERICAN MEAT PROCESSORS ASSOCIATION

APPLICATION FOR ASSOCIATE MEMBERSHIP

First Time Members

Join now and get a complimentary registration (\$550) to NAMP's Management Conference!*

Dear Prospective Associate Member: We appreciate your interest in becoming a member of NAMP! To find out more about member benefits please visit our website at www.namp.com and click **Membership Information**. We look forward to welcoming you to our Association!

Eligibility Requirements: To become an Associate Member of NAMP, you and/or your company must supply products or services that benefit or enhance the businesses of Regular Members of the Association, and that do not compete with the products and services of Regular Members.

Tell Us About Your Company:

Firm Name _____
 Phone () _____ FAX () _____
 Email _____ Web Address _____
 Street Address _____ City _____ State _____ Zip _____
 or
 P.O. Box _____ City _____ State _____ Zip _____

Check your preferred mailing address:

May we send newsletters and other correspondence via email? Yes No

(Your privacy is protected- we do not sell or distribute member names/addresses/email or other contact information outside the organization.)

Please list products or services that your firm supplies that would aid or be helpful to our regular members - include product lists, catalogs, or brochures):

In addition to a designated representative, please list others (up to six) in your company you would like to have listed in the NAMP Membership Directory and include email addresses for each:

Designated Representative	Title	Email
_____	_____	_____

Other Company Contacts	Title	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about NAMP or who referred you? _____

Annual Dues Payment and Policy

Associate Member dues are \$800 and are for the Association's fiscal year (October 1- September 30), payable in advance in U.S. funds. Dues are not prorated.

Check Enclosed

MasterCard VISA American Express Card # _____ Exp _____

The undersigned hereby applies for membership in the North American Meat Processors Association (NAMP):

Signature _____ Print _____

Title _____ Date _____

Please fax or mail this completed application with your check, MasterCard, VISA payment, or AMEX to NAMP. Payments to NAMP are not tax deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.