



# APPLICATION FOR MEMBERSHIP

SPECIAL OFFER FOR FIRST-TIME MEMBERS – join now and get the remainder of the membership year (through September 30) at no cost in your selected dues category, thus your dues will run through September 30, 2011. Plus you or a person on your staff also gets a \$700 discount off registration to any upcoming NAMP educational event.

Dear Prospective Member: Thank you for your interest in joining NAMP! To learn more about member benefits please visit our website at [www.namp.com](http://www.namp.com) and click Membership Information. We look forward to welcoming you to our Association!

Eligibility Requirements: To be a member of NAMP, your company must process meat or meat-based products - i.e., red meats, poultry, seafood or game for the foodservice industry (Hotels/Restaurants/Institutions). Sales of your processed products may not be made solely to a subsidiary or to an affiliated company.

**I. Please Tell Us About Your Company:**

Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
 Website \_\_\_\_\_ May we send correspondence via both Email & FAX? \* Yes No  
 Address: \_\_\_\_\_ City \_\_\_\_\_ St/Prov: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_  
 P.O. Box \_\_\_\_\_ City \_\_\_\_\_ St/Prov: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_  
 Preferred mailing address: Street Address P.O. Box Year founded: \_\_\_\_\_ # Employees: \_\_\_\_\_ FT \_\_\_\_\_ PT  
 Is your plant inspected? Y N (If yes: Federal State) Est. # \_\_\_\_\_

\*We do not distribute any member contact information outside this organization.

**Please tell us how you found out about NAMP or from whom:  
 Provide a brief description of your company, including any specialties:**

**II. Contacts:** 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. Membership Dues:** Please check one category below for future billing purposes:

Membership Category	Dollar Volume Of Annual Sales	Annual Dues	Please Check One
I.	Under \$4 Million	\$ 725.00	_____
II.	\$4 to \$6 Million	\$ 925.00	_____
III.	\$6 to \$9 Million	\$1,300.00	_____
IV.	\$9 to \$13 Million	\$1,700.00	_____
V.	\$13 to \$20 Million	\$1,850.00	_____
VI.	\$20 to \$30 Million	\$2,450.00	_____
VII.	Over \$30 Million	\$2,650.00	_____
VIII.	Over \$50 Million	\$2,875.00	_____

\*Special introductory discount applies to new members only - re-instated or former members are not eligible.

Check Enclosed MasterCard VISA AMEX # \_\_\_\_\_ 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 or AMEX payment 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.