



**SUPPLIER APPLICANT INFORMATION**

We Hereby apply for membership in the Canadian Automatic Merchandising Association, and if approved, we agree to abide by the Association's Constitution and By-Laws.

Company name:		Website:	
Company address:			
City:	Province:	Postal code:	
Telephone:	Fax:	E-mail:	
Please provide contact information of an official representative who will receive mailings and vote on behalf of your company.			
Name:	Title:	Direct tel.:	
Secondary Contact (optional):			
Name:	Title:	Email:	Tel.:

**BRIEF COMPANY PROFILE/DESCRIPTION OF SERVICES**

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- Provincial**  
(Suppliers of products and/or services across vending, OCS or MicroMarket industries within a single province)
- National**  
(Suppliers of products and/or services across vending, OCS or MicroMarket industries within Canada)
- International**  
(Suppliers of products and/or services across vending, OCS or MicroMarket industries throughout North America or globally)

<b>FEE SCHEDULE</b>									
<input type="checkbox"/> <b>Provincial</b> .....	<b>\$600.00</b>								
<input type="checkbox"/> <b>National</b> .....	<b>\$1000.00</b>								
<input type="checkbox"/> <b>International</b> .....	<b>\$1250.00</b>								
All new supplier members are eligible to receive 20% off posted rates to advertise in the remaining issues of the e-newsletter in the current calendar year.									
NS 15%	PEI 15%	NB 15%	NL 15%	ON 13%	BC 5%	AB 5%	MB 5%	SK 5%	QC 5%

**CERTIFICATION OF DUES**

I certify the above information is complete and correct.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

CHEQUE    VISA    MasterCard    AMEX (Credit card payments will appear on statements as BB&C.)

Cardholder name: \_\_\_\_\_ Amount to be authorized: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ Security code: \_\_\_\_\_

If billing contact different than the applicant, please provide information.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_