



**CORPORATE MEMBERSHIP APPLICATION**

**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.:

**COMPANY PROFILE**

Please attach information about your operations. (Include information such as area served, products distributed, types of equipment operated and years in operation). If available, also include written materials, pamphlets, brochures, etc., related to your business, for our files.

Please supply three references.

Company:	Contact:	Telephone:
Company:	Contact:	Telephone:
Company:	Contact:	Telephone:

<input type="checkbox"/> Operator Fee.....\$ 220 <input type="checkbox"/> Allied Supporter Fee.....\$500 <input type="checkbox"/> Associate Supporter Fee.....\$250  (plus applicable taxes)
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SUPPLIER FEES	
<input type="checkbox"/> \$0 to \$199,999.....	\$ 400
<input type="checkbox"/> \$200,000 to \$499,999.....	\$ 600
<input type="checkbox"/> \$500,000 to \$1 million.....	\$ 800
<input type="checkbox"/> \$1 million and up.....	\$ 1000
(based on gross annual sales plus applicable taxes)	

TAX BREAKDOWN	
Nova Scotia.....	15%
Prince Edward Island.....	15%
New Brunswick.....	15%
Newfoundland.....	15%
Ontario.....	13%
British Columbia.....	5%
Alberta.....	5%
Manitoba.....	5%
Saskatchewan.....	5%
Quebec.....	5%

**CERTIFICATION OF DUES**

I certify the above information is complete and correct.

Signature:	Please check one only.
Title:	<input type="checkbox"/> Operator <input type="checkbox"/> Allied Supporter
Date:	<input type="checkbox"/> Supplier
Our cheque in the amount of \$ _____ including applicable taxes is attached.	<input type="checkbox"/> Associate Supporter

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: \_\_\_\_\_

**PLEASE NOTE: Payment and company profile must be attached for application to be processed.** All information provided regarding dues calculations is kept in the strictest confidence. Full consent is hereby given to the Canadian Automatic Merchandising Association and its representatives to contact references provided by companies applying for membership in the Association.