

By completing this application you agree that you want to become a member of the NH Grocers Association. Membership is effective for one year from the date payment is received. Becoming a member is simple. Complete this form mail, fax or email with payment. To speak with a Membership Specialist call NHGA at 603-669-9333.

SUPPLIER MEMBERSHIP APPLICATION

Download this form online at http://grocers.org/memberservices Choose SUPPLIER MEMBERSHIP

Applicant's Information

Company Name:					DBA:				
Physical Address	<u>s:</u>								
Street					City		State	_ Zip	
Mailing Address									
Street	•		,		City		State	7in	
					Oity		State	_ Ζιρ	
Contact Informat									
Name					Phone:		Fax:		
Email:					Cell Phone:				
Member	Only	Benef	its		any of the following programs/service e information about.	s belo	ow that you would lik	е	
☐ ALERT! Emerg	☐ ALERT! Emergency Management Program				Insurance		Logo/Apparel Merc	nandise	
☐ ATM Program					inesses that want to start a program to mployees or for individual coverage		Scholarship Program Program for your employees and their children which awards thousands of dollars each year in		
☐ Bad Check Recovery					Disability Insurance				
☐ Business Insurance				☐ Workers' Compensation Insurance Program Self-insured Workers' Comp Program offering members discounted premiums with dividend			scholarships		
All lines of business insurance including: Coupon Redemption Program							News & Food Monthly Members Magazine		
Turn redeemed coupons into cash				earning	earning potential		Annual Who's Who Membership Directory Educational and Networking Events		
☐ Credit/Debit Card Processing ☐ Payrol Discounted Credit Card Processing ☐ Discounted Card Processing					Services nted fees on your payroll processing		Seminars, Conferences and Exhibits Sponsorship and Advertising		
_					upplies Center				
		ecial member	pricing		or your store such as Liquor ID Guides, tificates, Shopping Baskets				
☐ Energy Disco	unt Progra	ım		directi	unicates, Shopping baskets				
					Membership Dues		Annual Sales Annual Due		
Service Classification A benefit of your Supplier Membership is business referrals from NHGA to our association members, as well as businesses within our industry network. To better serve this					Annual Dues are based on the		<\$100,000		
					annual sales of your company. Circle your respective annual due	es			
					from the table to the right:				
ourpose please tal	ke a mor	ment to sele			NOTE: NHGA Membership Dues are no		, ,	, ,	
best describes you ¬ Advertising		•	□ Coo	wite Customs	as an itemized business expense subje Reconciliation Act of 1993 related to lol				
□ Advertising □ Bakery				ırity Systems ice Provider	dues allocated to lobbying (and therefore non-deductible) is 15%.				
□ Banking		ufacturer		ck Foods	Payment Method	T	wo options for your	membership payment:	
□ Beverages	•		cialty Foods	r ayment method					
□ Brokers □ Cash Reg/Comp.	☐ Misc. Equipment ☐ Tob mp. ☐ Paper ☐ Vid			By Check payable to: NH GROCERS ASSOCIATION Amt: \$					
□ Dairy	9 , 1			lesaler	Mail to: NH Grocers Association 110 Stark Street, Manchester, NH 03101				
□ Fuel □ Refrigeration					By Credit Card:		,		
☐ Health & Beauty	□ Scale) S			#			Amt:	
Service Area Please select the set that you operate with				ervice area	Exp.: Billing Zi	p:	C\	/2:	
				thin:	Authorized Signature:				
☐ New Hampshire (entire state) ☐ Central NH					Mail to: NH Grocers Association				
☐ Tri-State (NH, MA, ME) ☐ Northern N					110 Stark Street, N		nester, NH 03101		
□ Southern NH □ Other					or FAX to: 603-623-1137			D 0 . 004	