

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

## **Applicant's Information**

Company Name	:				DBA:		
Physical Addres	<u>s</u> :						
Street					City	State	Zip
Mailing Address	s(If differ	ent than al	bove):				
Street					City	State	Zip
Contact Informa	ntion:						
Name					Phone:	Fax:	
				Cell Phone:			
Member				Please select a	any of the following programs/service e information about.		uld like
ATM Program  Bad Check Recovery  Business Insurance All lines of business insurance including:  Coupon Redemption Program Turn redeemed coupons into cash  Credit/Debit Card Processing Discounted Credit Card Processing  Dental Insurance Group Dental Rates - special member pricing				For businesses that want to start a program to cover employees or for individual coverage  Life & Disability Insurance  Workers' Compensation Insurance Program Self-insured Workers' Comp Program offering members discounted premiums with dividend earning potential  Payroll Services Discounted fees on your payroll processing  Store Supplies Center Items for your store such as Liquor ID Guides, Gift Certificates, Shopping Baskets		Program for your employees and their children which awards thousands of dollars each year in scholarships  News & Food Monthly Members Magazine  Annual Who's Who Membership Directory  Educational and Networking Events Seminars, Conferences and Exhibits  Sponsorship and Advertising	
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					Membership Dues  Annual Dues are based on the annual sales of your company.  Circle your respective annual due from the table to the right:	<\$100,000 \$125 \$100,000 - \$500,000 \$260	
purpose please take a moment to select <u>one</u> category that best describes your company.  □ Advertising □ HVAC □ Security Systems				ategory that urity Systems	NOTE: NHGA Membership Dues are not tax-deductible; however, they are generally allowed as an itemized business expense subject to the restrictions imposed in the Omnibus Budget Reconciliation Act of 1993 related to lobbying activity.NHGA estimates that the portion of your dues allocated to lobbying (and therefore non-deductible) is 15%.		
□ Banking □ Beverages	□ Manu	<ul><li>□ Ice Distributor</li><li>□ Manufacturer</li><li>□ Meats</li></ul>		ck Foods cialty Foods	<b>Payment Method</b>	Two options for	your membership payment:
□ Brokers □ Cash Reg/Comp. □ Dairy □ Fuel	sh Reg/Comp.				By Check payable to: NH GROCERS ASSOCIATION  Mail to: NH Grocers Association  110 Stark Street, Manchester, NH 03101  By Credit Card:		
□ Health & Beauty □ Scales					#		Amt:
Service Area Please select the se that you operate w					Exp.: Billing Zip  Authorized Signature:		
<ul> <li>□ New Hampshire (entire state)</li> <li>□ Tri-State (NH, MA, ME)</li> <li>□ Southern NH</li> <li>□ Other</li> </ul>					Mail to: NH Grocers Associa 110 Stark Street, M	tion	