



OPERATOR 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

- Regional**
Operates from one fixed address in a single province. Operator may have additional distribution warehouses within the same province.
- Provincial**
Operates 2 or more dedicated locations in the same province
- National**
Operates multiple branches across multiple provinces

FEE SCHEDULE

- Regional** **\$300.00**
(includes 2 passes to our annual trade show and 2 passes to Canada Night reception)
- Provincial** **\$500.00**
(includes 4 passes to our trade show and 4 passes to Canada Night reception)
- National** **\$1000.00**
(includes 6 passes to our annual trade show and 6 passes to Canada Night reception)

NS 15%	PEI 15%	NB 15%	NL 15%	ON 13%	BC 5%	AB 5%	MB 5%	SK 5%	QC 5%
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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: _____