



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

- 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)

FEE SCHEDULE

- Provincial** **\$650.00**
- National** **\$1050.00**
- International** **\$1300.00**

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