CAMA
Canadian Automatic Merchandising Association

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:

	SUPPLIER FEES	TAX BREAKDOWN
❑ Operator Fee..........................$ 220 ❑ Allied Fee...............................$500 ❑ Associate Fee..........................$250 (plus applicable taxes)	❑ $0 to $199,999.............................$ 400 ❑ $200,000 to $499,999..................$ 600 ❑ $500,000 to $1 million..................$ 800 ❑ $1 million and up........................$ 1000 (based on gross annual sales plus applicable taxes)	Nova Scotia.......................................15% Prince Edward Island.........................14% New Brunswick.................................13% Newfoundland..................................13% 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.

	Type of Membership (please check one only)
Signature:	
Title:	❑ Operator ❑ Allied
Date:	❑ Supplier
Our cheque in the amount of $ _____ including applicable taxes is attached.	❑ Associate

❑ 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.