

**NATIONAL ICE CREAM RETAILERS ASSOCIATION
MEMBERSHIP APPLICATION**

1028 W. Devon Avenue • Elk Grove Village, IL 60007-7226
847/301-7500 • Fax: 847/301-8402 • Toll Free: 866-303-6960
E-mail: info@nicra.org • Web: www.nicra.org

Company Name _____
Address _____
City _____ State _____ Zipcode _____
Phone _____ Fax _____
E-mail _____ Web Address _____
Name & Title of up to 3 Principal Officers _____

Person To Whom Association Mail is to be Sent _____

ACTIVE MEMBERS FILL OUT THIS SECTION

ELIGIBILITY – Active Membership is open to any retail store organization where the sale of frozen dairy products is an item or business. One or more retail stores must be owned or operated by the applicant. A manufacturing plant store is considered as one store. Part-year operated stores are considered as full time stores in computing dues payable. Membership begins when application and payment for one year are received.

DUES RATE– Please Check One

____ 1-5 Stores.....\$225 ____ 6-24 Store\$325 ____ 25 or more Store\$450

ACTIVE MEMBER CLASSIFICATION – List number of each type of operation:

____ Manufacturing Plant (MP)	____ Ice Cream Dipping	____ Soft Serve (SS)
____ Wholesale Distributor (WD)	(with food)(FD)	____ Gelato (G)
____ Dairy & Convenience (DC)	____ Yogurt Only (Y)	____ Frozen Custard (FC)
____ Ice Cream Dipping	____ Yogurt - Ice Cream	____ Italian (Water) Ice (II)
(no food) (D)	Dipping (YD)	____ Other (O)

SUPPLIER MEMBERS FILL OUT THIS SECTION

ELIGIBILITY – Supplier Membership is open to any person, firm or corporation engaged in the business of manufacturing, selling or distributing supplies, equipment, materials or ingredients used in the manufacture of and retail distribution of ice cream and related products.

DUES RATE – The annual membership dues are \$275 payable in advance. Membership covers only one company or corporation; associated or subsidiary companies or corporations under the same general management cannot be included in a single membership. Membership begins when application and payment for one year are received.

PRIMARY PRODUCTS OR SERVICES _____

PAYMENT

____ Check Enclosed ____ Credit Card Authorization (____ Visa or ____ MasterCard)
Credit Card Number _____ Expiration Date _____
Signature _____ Date _____