

Applicant's signature

NATIONAL INDEPENDENT CONCESSIONAIRES ASSOCIATION, INC.

1043 E. Brandon Blvd., Brandon, FL 33511 Phone: (813) 438-8926 • Fax: (813) 803-8460 Email: nica@nicainc.org • Website: www.nicainc.org

| For Office Use Only | | | | |
|---------------------|--|--|--|--|
| Date: | | | | |
| #: | | | | |
| ☐ Member Renewal | | | | |

| MEM | IREKZHII | APPLICATION | | | |
|---|----------------|--|--|---|--|
| □ Mr. □ Mrs. □ Ms. First: | | Last: | | | |
| Name of business: | | | | | |
| Physical address: | | City: | State: | Zip: | |
| Mailing address: | | Citv: | State: | Zip: | |
| Primary Phone Number: | | | | | |
| Email: | | | | | |
| | | | | | |
| Age Range: 🔲 20-35 🛄 35-50 🛄 51-70 🛄 70+ 🛄 Other: | NICA | News Preference: 🚨 Mail | ☐ Email Referred by: | | |
| ANN | UAL MEN | MBERSHIP FEES | | | |
| INDEPENDENT CONCESSION MEMBERSHIP | | ASSOCIATE MEME | BERSHIP | | |
| Voting: | | A person or entity who provides services to the concession industry. | | | |
| ☐ Independent Concessionaire | \$150 | ☐ Fair / Festival over 75,000 attendance\$150 | | | |
| □ Additional Member | \$100 | ☐ Fair / Festival | under 75,000 attendand | e\$100 | |
| Non-Voting: | | | / Distributor / Supplier | | |
| □ Employee | · | | us Operator | | |
| □ Retired | \$50 | Special Service | es | \$150 | |
| CONCESSION BUSINESS / GROUP MEMBERSHIP | | BUSINESS DESCRIP | TION | | |
| includes five memberships in one: one independent Concessionaire, | | | de a detailed description of your business, products, and/or | | |
| □ Concession Business / Group | | services below. This inf | formation will be used for y ctory and as keywords to s | our entry in the annual | |
| Additional Member: | | on the NICA website. | ctory and as keywords to s | earch for your business | |
| Employee Member 1: | | | | | |
| Employee Member 2: | | | | | |
| Employee Member 3: | | | | | |
| Check a category below and provide a detailed description of company's services in the next column under Business Des | of your | | | | |
| ☐ Commercial Exhibitors / Retail ☐ Food | • | | | | |
| ☐ Attractions / Entertainment ☐ Games ☐ Guest Services | | Mail Check or Money Order to NICA's Office at 1043 E. Brandon Blvd. Brandon, FL 33511 | | | |
| Concessionaire General Routing Information | | ☐ Visa ☐ Mas | stercard 🚨 American Ex | press 🗖 Discover | |
| List all states / provinces where you conduct your concession | Credit Card #: | | | | |
| business: | | | Expiration Date | | |
| | | TOTAL: | - | | |
| The NICA-sponsored \$10,000 AD&D Insurance Policy is pro- | vidad ta | TOTAL. | | | |
| Independent Concessionaire, Additional, and Employee Men | | | | | |
| Beneficiary: Phone: | | Sig | nature of Credit Card H | older | |
| If accepted for membership in NICA, I hereby agree abide by its by-laws and rules. | e to | my credit card inform purchase in accordan I authorize NICA membership using th | to charge the agreed amou ation provided above. I agr ice with the issuing bank c to make automatic renewa e credit card information a | ee I will pay for this ardholder agreement. I payments for my bove. I shall update | |
| | - | NICA with all changes | s to payment information o | r my intent to cancel | |

automatic renewal payments prior to my next renewal month.

Date