



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

<i>For Office Use Only</i>	
Date:	_____
#:	_____
<input type="checkbox"/> Member Renewal	

MEMBERSHIP APPLICATION

Mr. Mrs. Ms. First Name: _____ Last Name: _____

Name of Business: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Cell / Secondary Phone Number: _____

Email: _____ Website: _____

Age Range: 20-35 35-50 51-70 70+ Other: _____ NICA News Preference: Mail Email **Referred by:** _____

ANNUAL MEMBERSHIP FEES

REGULAR MEMBERSHIP

- Regular Member\$150
- Additional Member\$100
- Employee Member\$75
- Retired Member\$50

BUSINESS / GROUP MEMBERSHIP

Includes five Memberships in one: one Regular Member, one Additional Member, and three Employee Members (\$475 value).

- Business / Group\$400

Additional Member: _____

Employee Member 1: _____

Employee Member 2: _____

Employee Member 3: _____

REGULAR MEMBERSHIP CATEGORIES

Check a category below and provide a detailed description of your company's services in the next column under Business Description.

- Food / Beverage
- Commercial Exhibitors / Retail / Merchants
- Attractions / Entertainment
- Games
- Guest Services

GENERAL ROUTING INFORMATION

List all states / provinces where you conduct your business.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

The NICA-sponsored \$10,000 Accidental Death and Dismemberment (AD&D) Insurance Policy is provided to Regular Members. List a beneficiary and a phone number below.

Beneficiary: _____ Phone: _____

ASSOCIATE MEMBERSHIP

A person or entity who provides services to the Concession Industry.

- Fair / Festival (over 75,000 attendance)\$150
- Fair / Festival (under 75,000 attendance)\$100
- Manufacturer / Distributor / Supplier\$150
- Carnival / Circus Operator\$150
- Association / Special Services\$150

BUSINESS DESCRIPTION

Provide a detailed description of your business, products, and/or services below. This information will be used for your entry in the annual NICA Membership Directory and as keywords to search for your business on the NICA website.

PAYMENT

Cash Check Money Order #: _____

Visa Mastercard American Express Discover

Credit Card #: _____

Security Code: _____ Expiration Date: _____

TOTAL: _____

Signature of Credit Card Holder

I authorize NICA to charge the agreed amount listed above to my credit card information provided above. I agree I will pay for this purchase in accordance with the issuing bank cardholder agreement.

AUTOMATIC RENEWAL OPTION

I authorize NICA to make automatic renewal payments for my Membership using the credit card information above. I shall update NICA with all changes to payment information or my intent to cancel automatic renewal payments prior to my next renewal month.

Applicant's signature Date