



Suite 265-D
1919 S. Highland Ave.
Lombard, IL 60148

Ph: (630) 953-2160
Fax: (630) 627-8106
Email: gma@ilfood.org

Grocery Merchandising Association
of Chicagoland

MEMBERSHIP APPLICATION

Company: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Primary Contact Name: _____

Primary Contact Email Address: _____

Secondary Contact Name: _____

Secondary Contact Email Address: _____

Additional Individual Memberships under a Corporate Membership or Small Business Membership are \$25.00 per person. Please list names and email addresses on reverse side.

Industry Classification (check one)

- Manufacturer Broker Wholesaler/Distributor Retailer
 Media Service Agency Other _____

Please check appropriate boxes:

- | | | |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | Corporate Membership Dues
(Includes Primary and Secondary Contacts) | \$400.00 |
| <input type="checkbox"/> | Small Business Membership Dues
(For companies of 10 employees or less) | \$250.00 |
| <input type="checkbox"/> | Additional Individual Memberships (per person) | \$ 25.00 |
| | Total Membership Dues | \$ _____ |

Payment Method: Check Enclosed Credit Card Invoice me

MC VISA AMEX DISCOVER Credit Card No.: _____

Exp. Date: _____ Signature: _____

Please complete this membership application and mail with payment to:

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