



National Independent Concessionaires Association, Inc.

P.O. Box 89429, Tampa, FL 33689-0407
727-346-9302 • 727-346-9312, fax
email: nica@nicainc.org • www.nicainc.org

Date _____

2010 NICA MEMBERSHIP APPLICATION

Mr. Mrs. Ms. First _____ Last _____

Name of business _____

Permanent address _____

City _____ State _____ Zip _____

Permanent tel. no. () _____ Cell phone no. () _____

Fax no. _____ E-mail _____ Website _____

Annual Membership Fees

INDEPENDENT CONCESSIONAIRE

Voting membership available to any person who is an independent concessionaire.

- Member..... \$125.
- Spousal member \$75.
- Employee (non-voting)..... \$75.

Please check a category below and provide a detailed description of the services your organization/company provides.

- Commercial exhibits Food
- Games Retail
- Attractions/Entertainment

Concessionaire General Routing Information

Please list all states where you conduct your concession business.

ASSOCIATE

A person or entity who provides services to the concession industry.

- Fair/Festival over 75,000 attendance..... \$125.
- Fair/Festival under 75,000 attendance \$75.
- Manufacturer/Distributor/Industry supplier \$125.
- Carnival operator \$125.

Please provide a detailed description of the services your organization/company provides.

Referred by _____

Mail Check or Money Order to **NICA at P.O. Box 89429, Tampa FL 33689-0407**

- Visa Mastercard American Express

Credit card no. _____

Expiration date _____

Signature of credit card holder

NICA Membership Benefits

- \$10,000 AD&D Insurance Policy (Available only to Independent Concessionaires)
- AutoZone
- Check-Inn Direct
- Coca-Cola
- Dr. Pepper, Sunkist & 7-Up
- NICA/Fare Foods Annual Food Show & Business Expo
- NICA West/WFA Food Show
- Ford Fleet Program
- Graybar
- HD Supply
- Access to Affordable Health Insurance
- NICA News
- NICA Membership Directory
- Pepsi-Cola
- RV Parts & Accessories Discount Program
- Scholarship Program
- Sherwin-Williams
- Sysco Distribution Agreement (Available only on the West Coast)

I understand that my application is subject to final approval by the NICA Board of Directors. I also understand that if my application is not accepted, the amount paid will be refunded to me. If accepted for membership in NICA, I hereby agree to abide by its by-laws and rules.

Applicant's signature Date

Spousal signature Date
(spousal signature required when both are joining)

Spouse's first name Spouse's last name
(please print)

The NICA sponsored \$10,000 Accidental Death and Dismemberment Insurance Policy is automatically provided to all Independent Concessionaire Members.