



National Independent Concessionaires Association, Inc.

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For NICA Office Use Only

Date: _____

#: _____

Member Renewal

MEMBERSHIP APPLICATION

Primary Member First Name: _____ Last Name: _____

Primary Phone / Cell: _____ Email: _____

Age Range: 20-35 36-50 51-70 71+ Other: _____ NICA News Magazine: Mail Email **Referred by:** _____

Additional Member First Name: _____ Last Name: _____

Primary Phone / Cell: _____ Email: _____

Age Range: 20-35 36-50 51-70 71+ Other: _____ NICA News Magazine: Mail Email **Referred by:** _____

Business Name: _____ Website: _____

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

ANNUAL MEMBERSHIP FEES

REGULAR MEMBERSHIP

Active / Retired Independent Concessionaires and Employees.

- Regular Member\$175
- Additional Member\$125
- Employee Member\$75
- Retired Member\$50

THREE-YEAR REGULAR MEMBERSHIP PROMOTION

Save \$75 by prepaying for three years (only \$150 per year).

- Regular Member\$450

REGULAR MEMBERSHIP CATEGORIES

Check one category below that best describes your business.

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

GENERAL ROUTING INFORMATION

List all states / provinces where you conduct your business.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

NICA-sponsored \$10,000 Accidental Death and Dismemberment (AD&D) Insurance is provided to Regular and Additional Members.

ASSOCIATE MEMBERSHIP

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

- Association\$175
- Fair / Festival / Event.....\$175
- Manufacturer / Distributor / Supplier.....\$175
- Carnival / Circus\$175
- Insurance / Special Services\$175

BUSINESS DESCRIPTION

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

ROUND UP WITH A \$25 NICA FOUNDATION DONATION

Give the gift of education today by rounding up your total by \$25. Your contribution directly supports scholarships for academic and vocational students, first-time convention attendees at NICA events, and more!

- Donate \$25 Donate Other Amount: _____

PAYMENT

- Cash Check Money Order #: _____
- Visa Mastercard American Express Discover

Credit Card #: _____

Security Code: _____ Expiration Date: _____

TOTAL: _____

I authorize NICA to charge the agreed amount listed above to my credit card using the provided payment information. I agree to pay in accordance with the issuing bank's cardholder agreement.

AUTOMATIC RENEWAL OPTION

I authorize NICA to process automatic renewal payments for my membership using the credit card information above. I agree to notify NICA with any changes to my payment information or my intent to cancel automatic payments before my next renewal date.

Applicant's Signature Date