



## Allied Member

### Eligibility

Any firm (whether a corporation, partnership, proprietorship, or other form of business enterprise) that is directly engaged in supplying the food-service industry with goods or services and does not operate foodservice establishments itself.

Dues are based on your annual sales.

\* Member information may be shared with outside affiliates for purposes of tracking program participation.

**For more information  
or to join, please call  
Member Solutions &  
Development  
(800) 424-5156**

Annual Gross Sales	Dues Amount	Mailing Service
Up to \$500,000	\$500	1
\$500,000 to \$1 million	\$650	2
\$1 million to \$5 million	\$900	5
\$5 million to \$10 million	\$1,500	10
\$10 million to \$25 million	\$2,500	15
\$25 million to \$50 million	\$4,000	20
\$50 million to \$100 million	\$5,500	25
\$100 million to \$250 million	\$6,500	30
\$250 million or more	\$7,500	35

For each mailing service \$25 for a year's subscription to *Washington Weekly*. Additional mailing services are available at \$100 per individual. Please designate individuals to receive mailings on the reverse of this sheet.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone (with area code) \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Your Web Site Address \_\_\_\_\_

### Method of Payment

Terms: Net Cash

National Restaurant Association dues payments by members are not deductible for federal income tax purposes. Contributions, gifts and dues are not deductible as charitable contributions.

### Please Indicate the Method of Payment You Prefer

Check enclosed. Make check payable to the National Restaurant Association

Credit Card (please check one)

American Express  Discover  Visa

Diners Club  Mastercard

Credit card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Exact name as it appears on card \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

### Make check payable to

National Restaurant Association, Dept. A-1307, 1200 Seventeenth Street, NW Washington DC 20036-3097.

I certify that the above information is true and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

Please return this copy with your payment.

# Allied Member

Please list below the names and addresses of additional persons to receive mailing services. These are in addition to the Key Contact person in accordance with the dues schedules on the other side of this application.

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

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Company \_\_\_\_\_

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Phone (with area code) \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_