## **NATIONAL ICE CREAM MIX ASSOCIATION**

## **Active Membership Application**



Company Name:			
Mailing Address:			
City:	State:		Zip:
Telephone:		Fax:	
Website:			
Company Products and/or Services:			
Referred by:			
Company Representative:			
Title:			
Mailing Address (if different from above):			
City:	State:		Zip:
Business Telephone:		Home Teleph	none:
Email:			
Signature:		D	ate:

## **Dues Schedule**

Net Annual Mix Sales
Less than 200,000 gallons/year
Between 200,000 and 500,000 gallons/year
Over 500,000 gallons/year

Annual Dues

\$950 \$1,035 \$1,200

Please enclose a check made payable to the National Ice Cream Mix Association for annual membership dues along with this application and send to the address below.

## **NATIONAL ICE CREAM MIX ASSOCIATION**

2107 Wilson Blvd., Suite 600, Arlington, VA 22201 Phone: 703 243 5630 Fax: 703 841 9328 Tom Balmer, Executive Director Gail Mobley, Program Administrator