

NATIONAL ICE CREAM MIX ASSOCIATION

Affiliate 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 Telephone: _____

Email: _____

Signature: _____ Date: _____

We accept your application to join the National Ice Cream Mix Association. Please send a check for \$175 (made payable to the National Ice Cream Mix Association, Inc., for annual membership dues) along with this application 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