

# NATIONAL ICE CREAM MIX ASSOCIATION

## Associate 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 \$750 (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