



**NATIONAL INDEPENDENT CONCESSIONAIRES ASSOCIATION, INC.**

1043 E. Brandon Blvd., Brandon, FL 33511  
Phone: 813-438-8926 • Fax: (813)438-8928  
Email: nica@nicainc.org • Website: www.nicainc.org

*For Office Use Only*  
Date: \_\_\_\_\_  
#: \_\_\_\_\_

**MEMBERSHIP APPLICATION**

Mr.  Mrs.  Ms. First: \_\_\_\_\_ Last: \_\_\_\_\_

Name of business: \_\_\_\_\_

Physical address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate / Cell phone number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Age Range:  20-35  35-50  51-70  70+  Other: \_\_\_\_\_ NICA News Preference:  Mail  Email **Referred by:** \_\_\_\_\_

**ANNUAL MEMBERSHIP FEES**

**INDEPENDENT CONCESSION MEMBERSHIP**

*Voting:*

- Independent Concessionaire .....\$125
- Additional Member .....\$75

*Non-Voting:*

- Employee.....\$50
- Retired .....\$50

**FIVE YEAR INDEPENDENT CONCESSION MEMBERSHIP**

Pay for five years up front and save \$50.

- Independent Concessionaire .....\$575

**CONCESSION BUSINESS / GROUP MEMBERSHIP**

Includes five memberships in one: one Independent Concessionaire, one Additional Member, and three Employee Members (\$350 value).

- Concession Business / Group .....\$300

Additional Member: \_\_\_\_\_

Employee Member 1: \_\_\_\_\_

Employee Member 2: \_\_\_\_\_

Employee Member 3: \_\_\_\_\_

*Check a category below and provide a detailed description of your company's services below:*

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

**Concessionaire General Routing Information**

List all states / provinces where you conduct your concession business:

\_\_\_\_\_  
\_\_\_\_\_

**Fairs and Festivals**

List three Fairs or Festivals worked in the past year:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I understand that my application is subject to final approval by the NICA Board of Directors. I also understand that if my application is not accepted, the amount paid will be refunded to me. If accepted for membership in NICA, I hereby agree to abide by its by-laws and rules.

\_\_\_\_\_  
Applicant's signature Date

**ASSOCIATE MEMBERSHIP**

A person or entity who provides services to the concession industry.

- Fair / Festival over 75,000 attendance ..... \$125
- Fair / Festival under 75,000 attendance .....\$75
- Manufacturer / Distributor / Supplier ..... \$125
- Carnival / Circus Operator ..... \$125
- Special Services..... \$125

**BUSINESS DESCRIPTION**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail Check or Money Order to NICA's office at  
**1043 E. Brandon Blvd. Brandon, FL 33511**

- Visa  Mastercard  American Express  Discover

Credit Card #: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Credit Card Holder

I authorize NICA to charge the agreed amount listed above to my credit card provided herein. I agree I will pay for this purchase in accordance with the issuing bank cardholder agreement.

*The NICA sponsored \$10,000 Accidental Death and Dismemberment Insurance Policy is automatically provided to all Independent Concessionaire Members.*

Beneficiary \_\_\_\_\_ Phone \_\_\_\_\_