



## NATIONAL INDEPENDENT CONCESSIONAIRES ASSOCIATION, INC.

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*For Office Use Only*

Date: \_\_\_\_\_

#: \_\_\_\_\_

☐ Member Renewal

### MEMBERSHIP APPLICATION

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

Name of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell / Secondary Phone Number: \_\_\_\_\_

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

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

### ANNUAL MEMBERSHIP FEES

#### REGULAR MEMBERSHIP

- ☐ Regular Member .....\$150
- ☐ Additional Member .....\$100
- ☐ Employee Member .....\$75
- ☐ Retired Member .....\$50

#### BUSINESS / GROUP MEMBERSHIP

Includes five memberships in one: one Regular Member, one Additional Member, and three Employee Members (\$475 value).

- ☐ Business / Group ..... \$400

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

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

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

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

#### REGULAR MEMBERSHIP CATEGORIES

Check a category below and provide a detailed description of your company's services in the next column under Business Description.

- ☐ Food / Beverage
- ☐ Commercial Exhibitors / Retail / Merchants
- ☐ Attractions / Entertainment
- ☐ Games
- ☐ Guest Services

#### GENERAL ROUTING INFORMATION

List all states / provinces where you conduct your business.

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

#### AD&D INSURANCE POLICY

The NICA-sponsored \$10,000 AD&D Insurance Policy is provided to Regular Members. List a beneficiary and a phone number below.

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

#### ASSOCIATE MEMBERSHIP

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

- ☐ Fair / Festival (over 75,000 attendance) .....\$150
- ☐ Fair / Festival (under 75,000 attendance) .....\$100
- ☐ Manufacturer / Distributor / Supplier .....\$150
- ☐ Carnival / Circus Operator .....\$150
- ☐ Association / Special Services .....\$150

#### 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.

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

#### PAYMENT

☐ Cash ☐ Check ☐ Money Order #: \_\_\_\_\_

☐ 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 information provided above. I agree I will pay for this purchase in accordance with the issuing bank cardholder agreement.

#### AUTOMATIC RENEWAL OPTION

☐ I authorize NICA to make automatic renewal payments for my membership using the credit card information above. I shall update NICA with all changes to payment information or my intent to cancel automatic renewal payments prior to my next renewal month.

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