

NEMOA Membership Application

Update: July 18, 2011

Company name _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Key Contact _____ Title _____
Direct Phone _____ Email address _____
Company website _____

The name you list here as key contact will be our primary contact person with your company. If you would like to include additional company names for NEMOA email updates, please provide those on a separate piece of paper.

Company Information
Are you a Cataloger/Etailer or Supplier? _____
How long have you been in business? _____
Please describe your business _____

How did you find out about NEMOA? _____
Please list any NEMOA member companies you are acquainted with or do business with _____

Have you attended a NEMOA meeting before? _____
What do you hope to get out of your NEMOA membership? _____

Catalog/Etail Applicants

How often do you mail your catalogs?

What is your annual catalog mailing quantity?

Do you sell via (Check all that are applicable)

- Catalog?
- Web?
- Retail?
- Other Direct Mail

Please submit a company profile and six copies of your most recent catalog

Supplier/Service Applicants

What category best describes your business?

- Computer Service/Software
- Consultant
- Creative/Production Service, Photography
- Direct Marketing Service
- List/Circulation Service
- Operations Service
- Paper Sales & Service
- Prepress
- Printer
- Publication
- Web Service

Please submit a company profile, six copies of sales brochures or materials about your company, and letters of recommendation from two current NEMOA catalog members

Guidelines for Conduct

NEMOA is deeply committed to providing catalog/etail members and service members with an educational, non-sales environment at all of our events. Applying for membership acknowledges that your company will support these guidelines as a NEMOA member.

Method of Payment

Corporate Membership Dues are \$399 per year.

- Check enclosed (Please make payable to NEMOA)
- AMEX VISA MasterCard

*Is the billing address on this card the same as above?
If not, please note billing address on the back of this form*

Name on Card _____
Card Number _____
Expiration Date _____
Signature _____

Please send application materials to:

NEMOA Membership Committee, c/o Kris Snyder, P.O. Box 1223, Amherst, NH 03031
Tel: 603-672-5255; Fax: 603-672-5403; kris@nemoa.org