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CHICAGO MIDWEST MEAT ASSOCIATION
11350 SOUTH WINDS CROSSING * ORLAND PARK, ILLINOIS 60467

APPLICATION FOR MEMBERSHIP

NAME OF FIRM: _____ EMAIL: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE #: _____ FAX #: _____

ARE YOU A (Check one): CORPORATION () INDIVIDUAL () PARTNERSHIP ()

WHEN WAS YOUR BUSINESS ORGANIZED? _____

NAMES OF PRINCIPALS:

PRESIDENT: _____ VICE PRESIDENT: _____

SECRETARY: _____ TREASURER: _____

COMPANY CONTACT FOR FUTURE MAILINGS: _____

NATURE OF BUSINESS: _____

TO WHAT UNIONS DO YOUR EMPLOYEES BELONG? _____

TO WHAT OTHER ASSOCIATIONS DO YOU BELONG? _____

WHO RECOMMENDED YOU TO OUR ASSOCIATION? _____

MEMBERSHIP DUES ARE DUE AT THE BEGINNING OF THE CALENDAR YEAR

MEMBER: __\$ **550.00** year _____ ASSOCIATE MEMBER: - (1 yr) \$ **650.00** _____

ASSOCIATE MEMBER: - (3 yr) \$ **1500.00** _____

Office Use Only

Mail Acceptance Check # Amount Date Received