



**ILLINOIS  
AUTOMATIC  
MERCHANDISING  
COUNCIL**

*SERVING THE VENDING FOODSERVICE INDUSTRY*

A State Council of NAMA

**IAMC Management Services**

**P.O. Box 291**

**Morris, IL. 60450**

**(815) 942-0773**

**Fax:(815) 364-0364**

**E-mail: iamcmanager@illinoisvending.com**

## Membership Application

Membership Year: January 1st - December 31st  
Annual Dues: \$500.00  
New Members: \$250.00 year for a company's first year Ever in the IAMC  
Complete, Sign, and Date Application  
Submit with check (Payable IAMC) to: IAMC  
P.O. Box 291  
Morris, IL 60450

Please choose one: [ ] Operator [ ] Supplier [ ] Associate

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
www.  
Website

\_\_\_\_\_  
1st Contact (for Billing)

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
2nd Contact

\_\_\_\_\_  
E-mail

Items vended, products supplied or services: \_\_\_\_\_  
\_\_\_\_\_

Sponsored By: \_\_\_\_\_

Name/Company

Check Enclosed: # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

I hereby apply for membership in the Illinois Automatic Merchandising Council, and if accepted into membership agree to abide by the By-Laws of the Council and act pursuant thereto. I agree to pay annual dues on the schedule established by the Council. By signing this membership application I agree to receive notices, advertisements, announcements, brochures and other information from the IAMC, its scholarship program, political action committee, and other committees operating as part of the IAMC via fax, phone or email. This express permission to fax, phone or email notices and other information will continue as long I am still listed as a member in good standing by the IAMC.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date