



National Association of Consumer Shows MEMBERSHIP APPLICATION

To join the NACS, please complete this entire application and return it to the NACS office with your annual dues payment. Dues are based on each individual's anniversary year (the date you apply). By applying for membership in NACS, I agree to abide by its bylaws; and support and adhere to its objectives and Code of Ethics.

Company Profile Information: (For NACS website/listing purposes)

Organization/Company Name: _____

Primary Contact Name: _____ Position Title: _____
(Include all designations) and indicate: Mr. Mrs. Ms. Dr.

Address *(include Dept./Mail Stop)*: _____

City: _____ State: _____ Zip Code: _____

County: _____ Website: _____

Business/Daytime Phone: _____ Business Cell: _____

Toll Free Phone: _____ Fax: _____

Primary Email (required): _____

Mailing Address: (For printed mail correspondence)

Same as above Profile address.

Address *(include Dept./Mail Stop)*: _____

City: _____ State: _____ Zip Code: _____

Membership Categories & Annual Dues – Please check ONE:

- Individual Regular/Producer Member - \$295** – Regular members are individuals directly engaged in the business of producing consumer shows and are associated with an entity that has produced or managed at least one consumer show within the past 24 months. Each individual must provide the show information of a show produced within the last two years as qualification of membership.
- Individual Associate Member - \$295** – Associate members are professionals allied with the consumer show industry, i.e., facility representatives, decorators, advertising agencies, insurance companies, anyone interested in the consumer show industry, etc.

NACS' NEW! Corporate Membership allows an unlimited number of your employees to receive the benefits of membership.

- NEW! Corporate Regular/Producer Member - \$495** – Regular members are companies directly engaged in the business of producing consumer shows and have produced or managed at least one consumer show within the past 24 months. The Corporate Regular/Producer members shall have one dues amount for all representatives. **Please complete page 3 of application.**
- NEW! Corporate Associate Member - \$495** – Associate members are professionals allied with the consumer show industry, i.e., facility representatives, decorators, advertising agencies, insurance companies, anyone interested in the consumer show industry, etc. Corporate Associate member dues are assessed based on the specific location of the facility or company. **Please complete page 3 of application.**

Please also complete second page →

Show Information: (For Regular/Producer Members only)

To qualify for Regular/Producer membership, you must provide the following information for at least ONE consumer show produced or managed by your organization within the last two years (MUST HAVE TAKEN PLACE BEFORE TODAY'S DATE). If you'd like to include additional shows, please attach a separate listing with your application.

Show Name: _____

Show Date(s) – MUST BE BEFORE TODAY'S DATE: _____

Facility/Venue: _____

Facility City/Province, State, County: _____

Type of Show (Auto, Bridal, etc.) – list all that apply: _____

Gross Square Footage: _____ Show Manager: _____

Show Name: _____

Show Date(s) – MUST BE BEFORE TODAY'S DATE: _____

Facility/Venue: _____

Facility City/Province, State, County: _____

Type of Show (Auto, Bridal, etc.) – list all that apply: _____

Gross Square Footage: _____ Show Manager: _____

Show Name: _____

Show Date(s) – MUST BE BEFORE TODAY'S DATE: _____

Facility/Venue: _____

Facility City/Province, State, County: _____

Type of Show (Auto, Bridal, etc.) – list all that apply: _____

Gross Square Footage: _____ Show Manager: _____

Products/Services (For Associate Members only)

Please indicate the primary type of business your company represents (ex: convention center, marketing services, promotional products, etc.)

Committee Involvement: Please consider getting involved and sharing your expertise!

We hope you are able to take full advantage of membership by volunteering for one (or more!) of the following active committees. A volunteer leader will contact you with committee details.

Convention Membership Awards Newsletter Education

Payment Options:

Check (payable to NACS in US Funds) Visa MasterCard American Express Discover

For credit card payments, complete all fields below and fax both pages of this form to 503.253.9172.

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ \$ Authorized: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

Please return your completed application and payment to the NACS office. Thank you!

NACS Tax ID #: 93-0968216

Your association dues are not deductible as a charitable contribution for federal income tax purposes; however, they may be deductible as an ordinary and necessary business expense. Please consult with your tax advisor for details and options.

For Corporate Memberships Only: Please complete the information below for each employee you would like to receive member benefits from NACS.

Additional Employee: (For Corporate Memberships Only)

Employee Name: _____ Position Title: _____
(Include all designations) and indicate: Mr. Mrs. Ms. Dr.
Mailing Address (include Dept./Mail Stop): _____
City: _____ State: _____ Zip Code: _____
County: _____ Website: _____
Business/Daytime Phone: _____ Business Cell: _____
Toll Free Phone: _____ Fax: _____
Employee Email (required): _____

Additional Employee: (For Corporate Memberships Only)

Employee Name: _____ Position Title: _____
(Include all designations) and indicate: Mr. Mrs. Ms. Dr.
Mailing Address (include Dept./Mail Stop): _____
City: _____ State: _____ Zip Code: _____
County: _____ Website: _____
Business/Daytime Phone: _____ Business Cell: _____
Toll Free Phone: _____ Fax: _____
Employee Email (required): _____

Additional Employee: (For Corporate Memberships Only)

Employee Name: _____ Position Title: _____
(Include all designations) and indicate: Mr. Mrs. Ms. Dr.
Mailing Address (include Dept./Mail Stop): _____
City: _____ State: _____ Zip Code: _____
County: _____ Website: _____
Business/Daytime Phone: _____ Business Cell: _____
Toll Free Phone: _____ Fax: _____
Employee Email (required): _____

Additional Employee: (For Corporate Memberships Only)

Employee Name: _____ Position Title: _____
(Include all designations) and indicate: Mr. Mrs. Ms. Dr.
Mailing Address (include Dept./Mail Stop): _____
City: _____ State: _____ Zip Code: _____
County: _____ Website: _____
Business/Daytime Phone: _____ Business Cell: _____
Toll Free Phone: _____ Fax: _____
Employee Email (required): _____

**Do you have more than 4 employees from you company you would like to add to your corporate membership?
Please copy this page to include additional employees.**