

## NIMA Membership Application

Contact Person \_\_\_\_\_  
Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
New Membership       Renewal   
Dues Amount \$ \_\_\_\_\_

Number of Employees	Dues Amount
1 - 5	\$50.00
6 - 15	\$100.00
16 - 40	\$200.00
41 – 99	\$300.00
100 and over	\$500.00

Mail this completed application with your check (no cash) payable to “NIMA” to:

NIMA  
1626 Sixth Avenue, North  
Lewiston, Idaho 83501

This is your invoice. Upon receipt of your payment NIMA will send you a receipt for your records.

Please mail your application and dues today!

**Thank you for supporting your manufacturing association.**