

IGIA supplier application

Company name:		Date:
Firm name:		Fax:
Type of business: <input type="checkbox"/> Supplier <input type="checkbox"/> Broker <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other:		
Street address:		
City:	State:	ZIP:
Phone:	Fax:	Email:
Contact information		
1. Main contact name:		Title:
Phone:		Email:
2. Advertising contact:		Title:
Phone:		Email:
Other individuals to receive EScanner weekly newsletter and iowa grocer quarterly magazine:		
1. Name:		Email:
2. Name:		Email:
3. Name:		Email:
4. Name:		Email:
5. Name:		Email:
6. Name:		Email:
7. Name:		Email:
8. Name:		Email:

An announcement of your membership will be published in the iowa grocer magazine. Please provide a brief (150 words) company description on the back of this membership application or a separate sheet of paper and an .eps file of your company logo.

Membership dues: \$500

Check Visa Mastercard American Express Discover

Name on credit card:	
Billing address of credit card:	
Signature:	
Credit card no.:	
Security code:	Expiration date:

MAIL TO: Iowa Grocery Industry Association | 2540 106th St., Ste. 102 | Urbandale, IA 50322

FAX TO: 515.270.0316

EMAIL TO: ccorkrean@iowagrocers.com

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