

## Membership Application 2018

Company Name:		
First Name:		
Last Name:		
Job Title:		
Address:		
City:	State	Zip
Country:		
E-mail:		
Website:		
Telephone:		
Fax:		
Signature:	Date	
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I hereby make application for membership in the Tortilla Industry Association and agree to abide by its bylaws and support its objectives and interests and to pay such dues as may be established for membership.

Select one or all that apply to your business:

- [] Producer -Tortillas, Chips or Flatbreads
- [] Supplier Manufacturing Equipment
- [] Supplier Packaging Equipment
- [] Supplier Ingredients
- [] Other Supplier: \_

## MEMBERSHIP CATEGORIES & ANNUAL DUES SCHEDULE - PLEASE CIRCLE ONE

CATEGORY	DESCRIPTION	
REGULAR	Producer of Tortillas, Chips, or Flatbreads, Sales to \$1 Million / Yr	\$275
REGULAR I	Producer of Tortillas, Chips, or Flatbreads, Sales to \$2.5 Million / Yr	\$550
REGULAR II	Producer of Tortillas, Chips, or Flatbreads, Sales \$2.5 - \$5 Million Yr	\$1,250
REGULAR III	Producer of Tortillas, Chips or Flatbreads, Sales over \$5 Million Yr	\$2,250
AFFILIATE	Suppliers / Vendors to the industry	\$2,500
INTERNATIONAL	Producer or Supplier based outside of the USA	\$275
IN STORE	Bakery Inside grocery store or supermarket	\$300
ASSOCIATE	Other involved groups: non-profits, universities, media, restaurants, etc.	\$500

## PAYMENT:

- [] By Check Mail to: TIA, 1400 14th Street North, Arlington VA 22209
- [] By Credit Card: Fax to: 1-800-944-6177 <or>
  - Scan & E-Mail to: jkabbani@tortilla-info.com

Credit Card Type	VISA	MC	AMEX	
Name on Card:				
Card Number:				
Expiration Day:				
Signature:				