

IVC
MEMBERSHIP
FORM

Yes, I would like to join the IVC.

_____ Supplier - \$400.00

_____ Operator (1-3 Employees) - \$125.00

_____ Operator (4-10 Employees) - \$300.00

_____ Operator (11-20 Employees) - \$400.00

_____ Operator (Over 20 Employees) - \$500.00

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Fax #: _____

Email: _____

Contact(s): _____

Applicant agrees to abide by the Articles of Incorporation and the Bylaws of the Indiana Vending Council.

Signature: _____