



NEW MEMBERSHIP DUES INVOICE

NAME OF COMPANY _____

DBA (if applicable) _____

YOUR NAME _____ PHONE _____

MEMBERSHIP DUES \$150.00 _____
includes one directory only – to order more indicate below

ADDITIONAL DIRECTORIES \$10 ea _____

TOTAL ENCLOSED \$ _____

Credit Card (Visa & MasterCard only): _____ Exp: _____

Authorized Signature: _____ Date: _____
Please be sure that your organizational card can be used for this purpose

Check enclosed Make checks payable to: Northwest College Bookstore Association
FID #91-1245573

PLEASE NOTE:

We prefer for new membership applications to be submitted online. Just go to <http://www.nwcba.org> and click on New Member Information in the green sidebar. However, if you prefer to submit a hard-copy application form, please fill out this invoice and the attached member information form and submit it to:

Catherine Scott
Spokane Community College Bookstore
MS# 2060 1810 N. Green Street
Spokane, WA 99207
Phone: 509-533-7085 Fax: 509-533-8835

FOR NCBA USE ONLY:

Amount Received _____ Date _____ Initials: _____

MEMBER INFORMATION FORM

Vendor Name URL:

Address1

Address2

City State Zip

Corporate Contact Phone

Email Fax

Newsletter? Yes No Hard Copy? Yes No Electronic Format? Yes No
Electronic Discussion List? Yes No

Product Lines

Vendor Rep	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		First	Last
<input type="text"/>		<input type="text"/>	<input type="text"/>
Address		City	State Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Ext	Fax	Email
Area Covered	<input type="text"/>		
Newsletter?	<input type="radio"/> Yes <input type="radio"/> No	As a hard copy?	<input type="radio"/> Yes <input type="radio"/> No
		Electronic Format?	<input type="radio"/> Yes <input type="radio"/> No

Vendor Rep	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		First	Last
<input type="text"/>		<input type="text"/>	<input type="text"/>
Address		City	State Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Ext	Fax	Email
Area Covered	<input type="text"/>		
Newsletter?	<input type="radio"/> Yes <input type="radio"/> No	As a hard copy?	<input type="radio"/> Yes <input type="radio"/> No
		Electronic Format?	<input type="radio"/> Yes <input type="radio"/> No

Vendor Rep	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		First	Last
<input type="text"/>		<input type="text"/>	<input type="text"/>
Address		City	State Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Ext	Fax	Email
Area Covered	<input type="text"/>		
Newsletter?	<input type="radio"/> Yes <input type="radio"/> No	As a hard copy?	<input type="radio"/> Yes <input type="radio"/> No
		Electronic Format?	<input type="radio"/> Yes <input type="radio"/> No

PLEASE USE REVERSE SIDE FOR ADDITIONAL INFORMATION