



**NATA**  
-USA-  
NATIONAL ALLIANCE OF  
TRADE ASSOCIATIONS, LLC

# Associate Membership Application

## Membership Type (choose 1)

TA Associate      ABA    AMA    ARA    BATS    GAMA    GOMA    MBA    MOKAN    NTBA    ORA    STMA    TBBA    TTA    VTA

<i>Primary Owner's First Name</i>		<i>Middle</i>	<i>Last</i>	
Gender: <i>Male/Female</i>	DOB _____	Sole Proprietor	Partnership	Other _____
Store Contact: _____		<b># of Stores</b> <i>Complete Business information sheet for each store</i> 1 -- 5      6 -- 10      11 -- 15      15 -- 20		
Corporation Name _____		DBA _____		

EIN/FED ID #	Type of Business	Franchise Y/N	Franchise Name	
<i>Address (Business)</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone Number</i>	<i>Fax Number</i>	<i>Email/Website</i>		
<i>Address (Home)</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone Number</i>	<i>Cell Number</i>	<i>Email</i>		

List all the partners and shareholders in the Corporation

<i>First Name</i>	<i>Last Name</i>	<i>Ismaili Y/N</i>	<i>Role</i>	<i>Cell Number</i>	<i>Email</i>

Reference 1	Name	_____	Ph.#	_____
Reference 2	Name	_____	Ph.#	_____

*The undersigned "Prospective Member" (Candidate) acknowledges that National Alliance of Trade Associations (NATA, LLC.); has been organized for the benefit of it's members and is a Not for Profit, Private, Mutual Benefit Cooperative Organization. To be eligible for membership, the Primary Member Candidate must be either the majority owner of the business or its contract manager under bon-a-fide management contract. To be favorably considered for membership, the candidate must be sponsored by 2 Ismaili members. By signing this application, you give us permission to contact you via phone call, text message, and/or email.*

<b>Print Name &amp; Sign (Primary Business Owner)</b>		<b>Date</b>	
For Office Use		Completed & Checked by _____	
Verified & Approved for Membership By: _____		Title _____	
Date _____	Fees Paid _____	Check # _____	Member ID _____



**NATA**  
-USA-  
NATIONAL ALLIANCE OF  
TRADE ASSOCIATIONS, LLC

## Associate Membership Application

### *Business Information*

Please provide information for all the stores that are participating in the Associate membership Program

Primary Owner's Name

---

Type of Business

---

DBA

---

Address

---

Telephone

---

Fax

---

Email

---

Website

---

Store Contact Person

---

EIN/FED ID #

---

Store Number

---

Real Estate is Owned (Y/N)	
Business Hours	
Number of employees	
POS System (Y/N) & Type	
How often do you purchase for your business?	
Store Size (sq. ft.)	
Store has a camera system (Y/N)	
Store has an alarm system (Y/N)	
List products you carry	
What trade shows do you attend?	
Do you provide in store financing?	

List all the partners and shareholders in the Business <i>First Name, Last Name</i>	<i>Ismaili Y/N</i>	<i>Role</i>	<i>Cell Number</i>	<i>Email</i>

Print Name & Sign (Primary Business Owner)

Date