



PRODUCT COUNCIL MEMBERSHIP APPLICATION

COMPANY INFORMATION (Information provided will be included in the NCBA Online Membership Directory)

Company Name _____

Company Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Company Telephone _____ Company Fax _____

Website _____

Company Type: Retailer Supplier Foodservice Packer/Processor Wholesale/Manufacturer

Other (please specify) _____

Is this the parent company? Yes No If no, please complete parent company information below.

PRIMARY CONTACT INFORMATION (This executive-level person will be included in the NCBA Online Membership Directory)

Name _____ Title _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Direct Phone _____ Direct Fax _____

Email Address _____ Cell Phone _____

BILLING CONTACT INFORMATION (If different from the primary contact)

Name _____ Title _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Direct Phone _____ Direct Fax _____

Email Address _____

PARENT COMPANY INFORMATION

Company Name _____

Key Contact _____ Title _____

Company Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Company Telephone _____ Company Fax _____

Website _____ Email _____

Who else in your company needs NCBA information?

NCBA wants to keep your key personnel current on industry trends and issues that relate to their area of responsibility. Please take a minute to indicate key personnel that you want on the NCBA mailing list. Please indicate additional contacts and contact information below. You may add an additional sheet if necessary.

Contact/Area of Responsibility	Name	Title	Email Address
CFO/Controller	_____	_____	_____
Environmental	_____	_____	_____
HACCP Coordinator	_____	_____	_____
Human Resources	_____	_____	_____
Issues Management	_____	_____	_____
Legal Counsel	_____	_____	_____
Legislative	_____	_____	_____
Marketing	_____	_____	_____
Operations	_____	_____	_____
Physical Distribution	_____	_____	_____
President/CEO	_____	_____	_____
Public Relations	_____	_____	_____
Quality Assurance/ Quality Control	_____	_____	_____
Regulatory	_____	_____	_____
Sales - Domestic	_____	_____	_____
Sales - International	_____	_____	_____
Technical Services	_____	_____	_____
Worker Safety	_____	_____	_____
Other _____	_____	_____	_____

Additional Contacts:

1. Name _____ Title _____
 Street _____ P.O. Box _____
 City _____ State _____ Zip Code +4 _____
 Telephone _____ FAX _____ Email Address _____

2. Name _____ Title _____
 Street _____ P.O. Box _____
 City _____ State _____ Zip Code +4 _____
 Telephone _____ FAX _____ Email Address _____

Member Dues

Beef Packer/Processor

Open to any company that engages in the packing or processing of beef products. Membership dues are assessed at .09 cents/head processed and will be billed monthly.

Supplier

Open to all companies that supply goods, equipment and services to beef packers, processors, retailers, foodservice operators, wholesalers, distribution centers or any alternative segments of the beef industry. Membership dues are \$10,000 and will be billed annually.

Retail

Retail membership is open to any company marketing beef or beef products at a retail location. Regardless of size, retailers must contribute a minimum membership investment of \$5,000 to receive CattleFax data and \$10,000 to receive voting seat privileges. Membership dues will be billed annually.

0-50 units.....\$3,000	101-250 units\$7,000	501+\$25,000
51-100 units.....\$5,000	251-500 units\$10,000	

Foodservice

Foodservice membership is open to any company merchandising beef at a restaurant location. Membership dues are calculated on total number of restaurant units. Regardless of size, foodservice operators must contribute a minimum membership investment of \$5,000 to receive CattleFax data and \$10,000 to receive voting seat privileges. Membership will be billed annually.

0-250 units.....\$3,000	501-1000 units\$7,000	2001+ units \$25,000
251-500 units.....\$5,000	1001-2000 units\$10,000	

Wholesale/Manufacturer

Open to any company that assists in value added and/or distribution of beef products. Membership dues are calculated on a base membership of \$10,000 plus .0005 of beef sales reaching a maximum of \$25,000. Membership dues will be billed annually.

\$10,000 plus .0005% of beef sales *Maximum level of investment = \$25,000*

NCBA Product Council Member Dues

\$ _____

My signature confirms the accuracy of the company information provided on this application (*application must be signed*)

Prepared by _____ Title _____

Signature _____ Date _____

Payment

Please mail, email or fax your completed application and your check payable to The National Cattlemen's Beef Association to:

National Cattlemen's Beef Association
Attn: Lynda Nelson
9110 East Nichols Avenue, Suite 300
Centennial, CO 80112

Fax (303) 694-2851 • Email lnelson@beef.org

Thank you for joining The National Cattlemen's Beef Association!

If you have any questions or comments, please contact Beka Wall at 303.850.3345 or bwall@beef.org or visit us at www.BeefUSA.org.