



Membership Application

YES! We want to apply for membership in the National Pasta Association.

Please return this form along with your payment made in US funds by check drawn from a US bank, credit card, or via wire transfer to:

NPA, Attn: Membership
529 14th Street NW, Suite 750
Washington, D.C. 20045

1. COMPANY INFORMATION

Company name

Contact person

Title

Address

City State Zip

Country

Telephone

Fax

Email

Website

Is your organization a member of any other industry related associations and/or groups? If so, please list them here:

2. MEMBERSHIP CATEGORY

A) ___ **Manufacturing Member** Includes: Dry, Fresh, Frozen Pasta Manufacturers and Value-Added Manufacturers (**Fee: based on annual pounds pasta shipped in latest calendar year. See attached Dues Schedule.**)

B) ___ **Milling Member** Includes: Millers and Processors of Semolina or Flour (**Fee: \$5,500**)

C) ___ **Associate Member** Includes: Allied Products, Supplier and Service Companies (**Fee: \$3,000**)

3. PAYMENT OPTIONS

Enclosed is our check payable to the NPA for:
\$ _____

Please charge my: AMEX VISA MC

Card Number

Expiration Date

Name on Card

Signature

4. AUTHORIZATION

We agree to abide by NPA's Bylaws. By submitting this application I confirm that my company is paying the proper dues amount based on the membership category selected.

Signature

Date

For Federal Income Tax purposes, membership dues and contributions to this Association are deductible as business expenses, not as charitable deduction.