

APPLICATION FOR MEMBERSHIP
in the
NATIONAL SWEETENER & INGREDIENT MARKETING ASSOCIATION

LADIES & GENTLEMEN:

The following is an application for admittance to the National Sweetener & Ingredient Marketing Association. Prior to admittance, each application is subject to review by the Board of Directors of the NSIMA. Each applicant must adhere to the NSIMA Code of Ethics, which is listed on the following page. Membership requirements help to assure principals of the individual's qualifications as a professional representative.

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(Applicant's legal name)

(Applicant's trade name)

(street address) (city) (state) (zip)

(P.O. Box) (city) (state) (zip)

Telephone: (_____) _____ FAX: (_____) _____ Email: _____

1. Applicant's form and date of organization (i.e. corporation, partnership, proprietorship)

Form: _____ Date: _____ / _____ / _____

2. Date when Applicant firm first began doing business as a Sweetener & Ingredient Representative: _____ / _____ / _____

3. Date when Applicant began business at its current address: _____ / _____ / _____

(street address) (city) (state) (zip)

4. State below the full names and titles of all owners, partners, & officers of Applicant, both active and inactive.

NAME

TITLE

OWNERSHIP

5. Is Applicant a subsidiary, division, or branch of another company? If yes, please supply the company's full name and address.

(Co. Name) (street address) (city) (state) (zip)

6. Does Applicant have subsidiaries, divisions, or branch offices? _____ If yes, Please supply the names and addresses.

(Co. Name) (street address) (city) (state) (zip)

(Co. Name) (street address) (city) (state) (zip)

7. Is Applicant employed by, owned by, controlled by, or affiliated with a wholesale or retail distributor or other trade buyer? _____ if Yes,

Please explain _____

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8. Does Applicant take title to merchandise, and does this represent the primary nature of your business? ____ YES ____ NO

9a. State below the firm name, address and telephone number of those companies that you represent.

(Co. Name) (street address) (city) (state) (zip) (phone)

(Co. Name) (street address) (city) (state) (zip) (phone)

(Co. Name) (street address) (city) (state) (zip) (phone)

9b. Principal Areas of Activities: Industrial ____ Grocery ____ Food Service ____ Other ____

Applicant hereby authorizes the National Sweetener & Ingredient Marketing Association to make such inquiries and investigations, as it deems appropriate, concerning Applicants qualifications for membership.

The undersigned, on behalf of Applicant, Certifies the above information is true and correct and understands that any information provided that is subsequently found to be untruthful is grounds for automatic expulsion.

(signature at authorized representative)

(title)

(date)

Notary Seal

Note-signature must be witnessed by Notary Public.

Subscribed and sworn before me this ____ day of _____ 20__

(Notary Public)

My Commission Expires _____

NATIONAL SWEETENER & INGREDIENT MARKETING ASSOCIATION CODE OF ETHICS

1. To be loyal to principals and deal fairly with buyers. To engage only in reconcilable activity. Not to knowingly permit any transactions to occur which are unfair to principals and/or buyers.
2. It is unworthy of NSIMA members to take part in unfair or deceptive methods or tactics for the purpose of securing any part of a purchaser's order whether for your principals or for your buyer.
3. To provide reliable guidance to the buyer and professional service to a principal. Actions and opinions must not be tainted by breach of confidentiality.
4. To abide by the By-Laws of your Association now in force and as they may be amended.