



North Dakota Grocers Association

- Bismarck, North Dakota 58502 • Phone (701)223-4106 • Fax (701)223-6783

www.ndgrocers.com

November, 2017

Dear Associate Member:

It is time again for our annual Associate Member Dues! Associate members, receive all monthly bulletins, all advance publicity at convention time, weekly legislative newsletters during the legislative session, the latest information on national legislation, and of course, helps us financially to maintain the services to our retail grocer membership.

We trust that you will continue to support our association with your membership. **Please fill out the application below and provide us with your e-mail address as we will be sending the majority of information by e-mail. Thank you for your support!**

Chairman of the Board.....Kristi Magnuson-Nelson
Vice Chairman/Treasurer James Leever
President.....John Dyste

DUES ARE \$225.00 PER YEAR FOR YOUR COMPANY. YOU MAY ADD UP TO 3 ADDITIONAL EMPLOYEES TO OUR E-MAIL LIST.

NAME OF COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____ **PHONE ()** _____

AUTHORIZED BY _____ **TITLE** _____

E-MAIL _____

LIST REPRESENTATIVE INFORMATION BELOW.....PLEASE PRINT!

NAME _____ **E-mail** _____

_____ **E-mail** _____

_____ **E-mail** _____

**PLEASE MAIL WITH YOUR CHECK TO: North Dakota Grocers Association
200 East Main Avenue, Suite 101, Bismarck, ND 58501**

WE NOW ACCEPT CREDIT CARD PAYMENTS- CALL OFFICE AT 701-223-4106

TELL CUSTOMER THAT THERE WILL BE A CREDIT CARD TRANSACTION FEE OF \$5.00 OR 4% OF PURCHASE WHICHEVER IS LARGER APPLIED TO THE CREDIT CARD

American Express 5% of purchase

Card Holder Phone #

Credit Card Authorization Form

Single Billing

I authorize my credit card to be billed for a one-time charge or in lieu of a deposit. No additional billings are authorized unless I fail to pay for future services in which case the outstanding balance may be billed to the credit card account listed below. I understand that charges declined by the credit card issuer will constitute grounds for cancellation of service and that all monthly charges and usage charges incurred will be subject to collection procedures. This authorization will continue until revoked in writing.

Please complete all the following information. Your account cannot be processed if incomplete.

Check type of Credit MC VISA DISCOVER AMEX

CC Number: _____ Exp. Date: _____

Name of Credit Card Holder: _____

(As appears on the card)

Address: _____

(As appears on the statement)

City: _____ State: _____ Zip: _____

CVV (3 digit # on back): _____

Product or Service:

Charge: _____

Signature of Credit Card Holder

Date

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my card company; so long as the transaction corresponds to the terms indicated in this form.

For phone call authorization Put the callers full name in the signature line and by - your full name.