



THE ARKANSAS GROCERS & RETAIL MERCHANTS ASSOCIATION

1123 S. UNIVERSITY AVE., SUITE 718 ♦ LITTLE ROCK, AR. 72204 ♦ PHONE: 501-664-8680 ♦ FAX: 501-664-6099 ♦
EMAIL: info@agrma.org ♦ WEBSITE: WWW.AGRMA.ORG

APPLICATION FOR MEMBERSHIP

Yes! We want to take advantage of the benefits of membership in the **ARKANSAS GROCERS & RETAIL MERCHANTS ASSOCIATION**. Our payment in the amount of \$_____ is enclosed for our annual dues, according to the AGRMA membership dues schedule listed below. I understand that future year's dues will be billed on the anniversary date of membership.

DBA NAME: _____ CORPORATE NAME: _____

STREET ADDRESS: _____ CITY/STATE/ZIP: _____

BILLING ADDRESS: _____ CITY/STATE/ZIP: _____

TYPE OF BUSINESS: _____ NUMBER OF LOCATIONS: _____ LOCATIONS IN ARKANSAS: _____

PRIMARY CONTACT: _____ TITLE: _____

TELEPHONE: _____ FAX: _____ CELL PHONE: _____

EMAIL: _____ WEBSITE: _____

ALTERNATE CONTACT: _____ TITLE: _____

TELEPHONE: _____ CELL PHONE: _____ EMAIL: _____

Please list additional store locations on back with contact names and information.

AGRMA Annual Investment Schedule

Minimum Investment is \$100.00

Grocery Retailer

Grocery and Supermarket—First Location	\$100.00
Convenience Store—First Location	\$100.00
Additional Locations	\$100.00 each

Restaurants

Non Chain Restaurants—First Location	\$100.00
Chain Restaurants—First Location	\$100.00
Additional Locations	\$100.00 each

Retailers

Independent Retail & Specialty Stores (by sales volume)

Up to \$500,000	\$100.00
\$500,000 to \$750,000	\$150.00
\$750,000 to \$1,000,000	\$200.00
Over \$1,000,000	\$500.00*

Regional Retailer/National Chains

Up to \$500,000	\$100.00
\$500,000 to \$750,000	\$150.00
\$750,000 to \$1,000,000	\$200.00
Over \$1,000,000	\$500.00*

Service Provider/Product Manufacturer/Associate

Please contact association

*Plus \$1000 per each additional \$10 million in sales

____ Yes, I am or an associate is interested in serving on the **Board of Directors** of the **Arkansas Grocers and Retail Merchants Association**. Please contact me.

____ Yes, I am or an associate is interested in serving on a **Committee** of the **Arkansas Grocers and Retail Merchants Association**. Please contact me.

____ Yes, I am interested in the **Farmers Business Insurance** programs, please contact me.

____ Yes, I am interested in the **First Data** financial solutions for business, please contact me.

____ Yes, I would like more information about **PAYCHEX**, please contact me.

Who is your State Senator? _____

Who is your State Representative? _____

DATE: _____ SIGNATURE: _____

POLICY NUMBER: _____ AGENT: _____
(If applicable) (If applicable)