



National Flea Market Association

Membership Application

Company or Corporate Name: _____

Flea Market Name or Doing Business as Name: _____

*Please complete a separate membership application for each market (including multiple market owners)

Contact Name: _____ Title: _____

Address: _____

City/State/Zip: _____ Phone Number: _____

Fax: _____ Email Address: _____

Website: _____

How did you hear about the NFMA?

Website Mailing Conference

Referred by Other

COMPANY PROFILE

Year opened: _____ Total Number of Booths: _____ Indoor: _____ Outdoor: _____

Monthly Vendors: _____ Number of Employees: _____ Building Sq. ft. _____

Parking Spaces: _____ Total Acres: _____ Annual Attendance: _____

Number of Locations: _____ Months open: _____ Days open: _____

Thank you for sharing this information – it is important in our lobbying efforts.

MEMBERSHIP ELIGIBILITY

Flea Market must have been in operation for a minimum of one year (12 months) prior to membership application being accepted and processed.

Yearly Membership Dues:

\$575 Regular Membership Per Market up to (\$3500 Maximum) Flea Market Owner/Representative/Operator \$1000 Associate Membership Supplier or Wholesaler

Amount Enclosed _____

ASSOCIATION PROGRAMS:

NFMA either has or is considering the following programs. Please check those that interest you.

Insurance Trade Shows Computer Software Organized Retail Crime

Website National Lobby Info State Lobby Info Marketing/Advertising

Credit Cards ATM Machine Anti-Counterfeiting

Would you like to serve on a committee?

Yes No Interests _____

Please mail or email this application with your check or credit card information filled out at the bottom to NFMA, P.O. Box 436 Wales, WI 53183-9998 Questions: Please Contact Steve at 262-955-6605 email NFMA@fleamarkets.org

Credit Card Number _____ Exp Date _____ CSV _____

Name on Credit Card _____