

# Association Members

Workers' Compensation Trust

Agent Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Business Classification/SIC Code: \_\_\_\_\_

Date: \_\_\_\_\_

## Application for AMWCT Membership

Check the appropriate Association



### New Hampshire Retail Association

48 Grandview Road, Suite 2, Bow, NH 03304  
603-225-9748, fax 603-229-0060  
shop@retailnh.com, www.retailnh.com



### New Hampshire Grocers Association

110 Stark Street, Manchester, NH 03101  
603-669-9333, fax 603-623-1137  
service@grocers.org, www.grocers.org

Yes, we want to participate in the **Association Members Workers' Compensation Trust (AMWCT)**. We understand that we must be members of either the NH Retail Association or the NH Grocers Association, as this program is a benefit for members of these Associations. **I understand that my first year's dues for either Association is discounted to only \$75 per year. Future dues payments will be according to that Association's dues schedule and will be billed on the anniversary date of membership.** Payment can be in the form of cash, checks, Visa, Mastercard, American Express or Discover.

Member Name: \_\_\_\_\_

D/B/A: \_\_\_\_\_ Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Business Address (Actual Location): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Alternate E-Mail Address: \_\_\_\_\_ # Employees - Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

# Locations in NH: \_\_\_\_\_ Gross yearly sales volume in NH (optional): \_\_\_\_\_

Additional locations in New Hampshire (use back if necessary):

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**First Year's Dues - \$75.00.** Please make checks payable to: NH Retail Association or NH Grocers Association

For credit card payments (check one): Visa \_\_\_\_ Mastercard \_\_\_\_ AMEX \_\_\_\_ Disc \_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ V/Security Code \_\_\_\_\_

Zip Code for Card Holder: \_\_\_\_\_ Signature: \_\_\_\_\_