



# Associate Member Application

## Contact Information

Business Name	
Business Contact	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	
Website	
Type of Business	Years in Business ____
<input type="checkbox"/> New Associate Member	<input type="checkbox"/> Returning Associate Member
If Department 56 Retailer - for how long?	

## Affiliations (please check all that apply)

<input type="checkbox"/> GCC	<input type="checkbox"/> Facebook	<input type="checkbox"/> Pinterest
<input type="checkbox"/> Gold Crown	<input type="checkbox"/> LinkedIn	<input type="checkbox"/> Other

## Special Citations (please check all that apply)

<input type="checkbox"/> Department 56 Concierge Retailer	<input type="checkbox"/> Club 56	<input type="checkbox"/> Gold Key	<input type="checkbox"/> Silver Key
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## Customer Incentives (please check all that apply)

<input type="checkbox"/> Free Shipping	<input type="checkbox"/> Store Rewards	<input type="checkbox"/> Other
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## Product Offerings (please check all that apply)

<input type="checkbox"/> Villages	<input type="checkbox"/> Snowbunnies	<input type="checkbox"/> Snowbabies
<input type="checkbox"/> Giftware	<input type="checkbox"/> Possible Dreams	<input type="checkbox"/> Other

If other, please explain

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Please provide us with a copy of your business logo. This logo may be emailed to the NCC Secretary at [secretaryncc@ncc56.com](mailto:secretaryncc@ncc56.com).

**Associate Member Dues are \$100/year. Please remit payment and this application to**