



APPLICATION FOR MEMBERSHIP

Organization Name _____

Address _____

City _____ State _____ Country _____ Zip/Postal Code) _____

Phone: _____ Fax _____ Website _____

Name of Primary NCA Representative _____ Title _____

Representative's E-mail Address _____ Phone _____

MEMBERSHIP CATEGORY

Select the correct category of membership:

_____ **REGULAR MEMBER:** Manufacturer or Distributor of candles or candle accessories at the wholesale level in the United States of America, Canada and Mexico. Please note: when applying for Regular Membership, **if more than 50%** of the candles and/or candle accessories are manufactured outside of the U.S., Canada or Mexico, then the company is **not** eligible for REGULAR MEMBERSHIP but instead will qualify as an AFFILIATE MEMBER (see below).

Regular Member applicants please select one of the following:

I am a Candle and/or Accessory Manufacturer _____

I am a Candle and/or Accessory Distributor _____

_____ **ASSOCIATE MEMBER:** Company which supplies products or services directly to manufacturers or distributors of candles or candle accessories (such as containers, dyes, fragrances, waxes, wicks, etc.) at the wholesale level in the United States or internationally.

_____ **AFFILIATE MEMBER:** Retailer of candles and/or candle accessories. In addition, a Manufacturer or Distributors of candles or candle accessories at the wholesale level in the United States of America, Canada and Mexico qualifies as an Affiliate Member **if more than 50%** of the candles and/or candle accessories are manufactured outside of the U.S., Canada or Mexico.

_____ **STUDENT AFFILIATE MEMBER:** A secondary academic institution that enrolls students in curricula that could lead to careers in the candle industry is eligible for **Student Affiliate** membership in this Association. Students enrolled in the institution are eligible to attend the Annual or special meetings of the NCA and may participate in committees and other activities of the Association, but the **Student Affiliate** member institution is not entitled to vote.

Briefly describe the products or services your company offers to the candle industry:

DUES

Please consult the NCA Dues Schedule to calculate your dues payment. Payment in full must accompany membership application.

AUTHORIZATION

We agree to abide by the NCA Industry Pledge. Also, by submitting this application, I confirm that my company is paying the proper dues amount.

Name _____ Title _____ Date _____

Submit application and dues payment to:

Membership
National Candle Association
National Press Building
529 14th Street NW, Suite 750
Washington, DC 20045
nca.staff@candles.org

Questions? Contact Kristi Johnson at 404-252-3663 ext. 3009, or kjohnson@candles.org.