

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 \$50 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: _____

Contact: _____ D/B/A: _____

Signature: _____ Title: _____

Business Mailing Address: _____ PO Box: _____

County: _____ City: _____ State: _____ Zip: _____

Business Address (Actual Location): _____

County: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Ext: _____ Fax: _____

Alternate Contact: _____ Alternate Phone: _____

E-Mail Address: _____ Type of Business: _____

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: _____

Store Manager: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Store Manager: _____ Phone: _____

First Year's Dues - \$50.00. 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 Code (back of card, 3 numbers on right): _____

Zip Code for Card Holder: _____ Signature: _____