



CIMTA, Inc

SUPPORTING MEMBERSHIP APPLICATION

Please Print Clearly

Business Name: _____

Contact Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Province/Country: _____

Phone: _____

Fax: _____

Toll Free Phone: _____

E-mail: _____

Web Page: _____

Associate Contact A: _____

CHECK PRIMARY BUSINESS ONLY

All applicable documentation must be mailed or faxed to CIMTA, Inc.. Applications will not be processed without all required documentation.

RETAIL STORE FRONT: Resale Certificate, three paid invoices from three wholesale companies you have purchased from in the last 6 months

SHOW DEALER: Resale Certificate, copies of executed show contracts from three miniature retail shows in which you participated within the last 12 months.. Contracts must be from show over 100 miles from your place of business.

MAIL ORDER: Resale Certificate, copy of recent mail order catalog, three paid invoices from three wholesale companies you have purchased from in the last six months.

INTERNET BUSINESS: Resale Certificate, Business Checks, three paid invoices from three wholesale companies you have purchased from in the last six months. Business must have its own domain name and web site.

CIMTA will list your Company Name, City, State & one Contact Info. In the January & June issues of Miniature Collector Magazine.

Please check the following boxes. If not checked your company will NOT be listed in the above magazine.

- 1) Please list my company information Yes No
 2) Which contact would you like to appear in the magazine ad?
 Check ONLY one
 Phone E-mail

CIMTA SUPPORTING MEMBERSHIP BENEFITS

Four (4) Hour Early Entry 8am to Noon first day of the show.

Free Lunch Coupons: Valued at \$60.00. Members and one Associate will receive lunch coupons for both days exhibits are open.

Online Trade Show Registration: Member's Trade Show Packet and badges will be ready for pickup. www.cimta.com or call CIMTA HQ at 866-326-9386

National Advertising: January & June issues of Miniature Collector Magazine, free benefit with Membership

Newsletters Twice a Year

CIMTA's Internet Listing

Online Registration for Workshops & Seminars

Customer Referral

CIMTA LOGO: for Retail Store Fronts

MEMBERSHIP PAYMENT OPTIONS BELOW

Annual Dues \$60.00 - Fiscal Year July 1st to June 30th

Accepted Credit Cards

Discover, MasterCard, Visa, American Express

Credit Card Holder – please print clearly

Card Number: _____

Expiration Date: _____ Security Code: _____

Please Charge \$60 to my card listed above

Signature: _____

Home Phone: _____

Check or Money Order: US Funds Only

Check/MO # _____ Amt: _____

Mail to:
 CIMTA, Inc. Headquarters
 18453 Shaddox Hollow Ln
 Rogers, AR 72756-7672
 PH 479-925-7056 CT
 Fax 479-925-2693 CT
 Email CIMTAinfo@aol.com
www.cimta.com