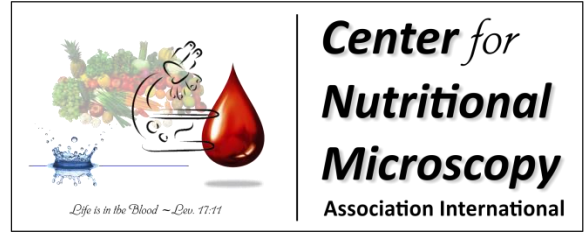


CNMAI Membership Package Options 2014/2015

Per calendar year March 2014 – March 2015. Not to be pro-rated.
Website updated once monthly.
Journal published yearly in April/May and September/October.



FOR PRACTITIONER MEMBERS:

Standard Practitioner Member Dues Package.....\$180 \$_____

- ~ Includes One (1) Alphabetical listing by Business name Member with Link on Website on Practitioner Members Page Only.
- ~ One modality listing on Website and one in Journal under Modality.
- ~ Eligible to speak in CNMAI lectures, events, radio or write articles per needs.
- ~ Discounted entry fees at CNMAI activities and productions.

Standard Plus Practitioner Member Dues Package\$240 \$_____

- ~ Same as Standard Member with 3 listings (2 modalities, 1 alphabetical) on Website and Journal.
- ~ Includes your Logo (see below for format) on all your Link listings.

Premium Practitioner Member Dues Package\$480 \$_____

- ~ Same as Standard Plus Member with up to 5 listings or 5 individual practitioners (of a group).
- ~ Includes a ¼ page, color sponsorship in one (1) Journal (April/May or September/October).

<u>A la Carte Options:</u>	<u>General Cost</u>	<u>Cost for Premium Member</u>
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Each additional Modality listing (includes both Website and Journal.....\$30	\$20 (5 incl.)	\$_____
Your Logo on your Website Hyperlink (at all listings)...\$50 (100px wide x 50px tall in JPG,GIF,PNG,PSD,AI,EPS,TIF or PDF)	included	\$_____
¼ page, color Sponsorship in Journal.....\$200	included	\$_____
½ page, color Sponsorship in Journal.....\$350	\$100	\$_____
Full page, color Sponsorship in Journal.....\$500	\$200	\$_____
Special Circumstances – please call for details..... CNMAI @ 678-481-0577	varies	\$_____

Total Dues for Dues and Journal Entry Options \$_____

Please **pay online** or make **checks payable** to: **Center for Nutritional Microscopy Association Int'l. (CNMAI)**

Mail to: CNMAI, 1973 Trestlebrook Way, Buford, GA 30519

Center for Nutritional Microscopy Association Int'l 2014 Membership

Name _____

Business Name _____

Business Address

City _____ State _____ Zip _____

Business Phone _____ Fax _____

Email _____ Website _____

