Serving the Vending, Coffee Service and Foodservice Industry in the Commonwealth of Kentucky

KAMC c/o Kentucky Retail Federation
340 Democrat Dr., Frankfort, KY 40601

2025 MEMBERSHIP APPLICATION AND RENEWAL FORM

Company _____Contact _____

Address _____City _____ State __Zip_____

Phone _____

E-mail (s) _____(exclusively for KAMC use)

NAMA Member: Yes ____No____

Operator

1 to 3 employees $100___ 4 and over $300_____

Multiple Branches $100 each_____

Supplier $350_____

Voluntary Donation to 'The Past Presidents Scholarship'	$_____
Voluntary Annual Meeting Sponsorship	$_____
Total Enclosed	$_____

Signature_____Date_____

Pay by Credit card at www.kyvending.org

or mail to:

KAMC c/o Kentucky Retail Federation
340 Democrat Dr.
Frankfort, KY 40601

Thank you for being a member!