



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

2026 MEMBERSHIP APPLICATION AND RENEWAL FORM

Company _____ Contact _____

Address _____ City _____ State ____ Zip _____

Phone _____

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

NAMA Member: Yes ___ No ___

OPTIONAL - Number of Vending Locations ___ Micro Market Locations ___ Coffee Service Locations ___

Annual Dues

Operator *****New OPERATOR Member Incentive Program – No Dues for 2026*****

1 to 3 employees (FT equivalents) \$100 _____ 4 and over \$300 _____

Multiple Branches \$100 each _____

Supplier \$350 _____

Voluntary Donation to 'The Past Presidents Scholarship' \$ _____

Voluntary Annual Meeting Sponsorship \$ _____

Total Due \$ _____

Signature _____ Date _____

Please click on the link - <https://forms.gle/fk4u6PSvuBAGTz9i9>

Fill out the form and submit online and submit payment via www.kyvending.org

OR submit the form online and mail a check to KAMC

OR print the form, fill it out, mail the form and check to KAMC

KAMC c/o Kentucky Retail Federation

340 Democrat Dr.

Frankfort, KY 40601

Thank you for being a member!