

# National Costumers Association, Inc.



## Application For Membership

### NCA HEADQUARTERS

Jennifer Skarstedt, Secretary/Treasurer  
121 N. Bosart Avenue, Indianapolis, IN 46201  
PH: 800-NCA(622)-1321 or 317-351-1940  
FX: 317-351-1941

EM: office@costumers.org • WEB: www.costumers.org

PLEASE: See back of form for explanation of membership categories, dues & other requirements.

I hereby make application for membership in the National Costumers Association, Inc. If accepted, I agree to comply with all of the laws and regulations governing this organization as set forth in the constitution and bylaws and to promote the interest of the Association at all times. I understand that I need to submit a copy of my Federal Identification number, my yellow-page advertisement, and pictures of my business as outlined on the back of this agreement before my application can be approved.

Firm Name: \_\_\_\_\_

Contact Person/Owner: \_\_\_\_\_ Title: \_\_\_\_\_ Birthday: Month/Day\_\_\_\_\_/\_\_\_\_\_

Contact Person/Owner: \_\_\_\_\_ Title: \_\_\_\_\_ Birthday: Month/Day\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax #: \_\_\_\_\_ Order Line: \_\_\_\_\_

Home PH: \_\_\_\_\_ Email: \_\_\_\_\_  
(Optional)

Website URL: \_\_\_\_\_  
(We cannot link to your site without the address!)

FED ID#: \_\_\_\_\_  
(Required)

Total number of locations, including Franchises and Outlets: \_\_\_\_\_

Started Business – Year: \_\_\_\_\_

References: List Name, Phone, Address, City, State & Zip code.

Bank: \_\_\_\_\_

Business: \_\_\_\_\_

NCA Member Referral: \_\_\_\_\_  
(Members receive \$25 credit toward next year's membership dues for each firm who joins as a result of their referral.)

Method of Payment: We accept cash, checks, MC/VS, Am Ex, & Disc.  
Check # \_\_\_\_\_

CC#: \_\_\_\_\_ / \_\_\_\_\_  
Expiration Billing Zip code

\_\_\_\_\_  
Name EXACTLY as it appears on card

\_\_\_\_\_  
Signature of card holder

Please indicate the type of membership for which you are applying:  
(Please see the reverse for detailed description of each category, and check the most appropriate basic membership type for you.)

RENTAL/RETAIL - \$300  RETAIL ONLY - \$300

Please check all types of merchandise you provide:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Animals (A)        | <input type="checkbox"/> Balloons (BA)     | <input type="checkbox"/> Bridal (B)        |
| <input type="checkbox"/> Dancewear (D)      | <input type="checkbox"/> Fabrics/Trims (F) | <input type="checkbox"/> Magic (Mag)       |
| <input type="checkbox"/> Mardi Gras (MG)    | <input type="checkbox"/> Mascots (M)       | <input type="checkbox"/> Masquerade (Masq) |
| <input type="checkbox"/> Party Supplies (P) | <input type="checkbox"/> Renaissance (R)   | <input type="checkbox"/> Theatrical (TH)   |
| <input type="checkbox"/> Tuxedos (T)        | <input type="checkbox"/> Other _____       |  |

MANUFACTURER/WHOLESALE - \$300

Please indicate what you specialize in.

COSTUME PROFESSIONAL - \$300

Please indicate your area of expertise.

#### Additional Options:

#### AFFILIATE MEMBERSHIP - \$100

The following employees of my company wish to become AFFILIATE members.

1. \_\_\_\_\_  
Name Title Phone

2. \_\_\_\_\_  
Name Title Phone

#### ADDITIONAL LOCATIONS - \$125

I would like to receive second listings and mailings at this address:

\_\_\_\_\_  
Address City State Zip

#### SECONDARY MEMBERSHIP - \$125

I would like to also be listed in this category and receive targeted mailings:

\_\_\_\_\_

#### FOR NCA OFFICE USE ONLY

\_\_\_\_\_  
Date Information received  
\_\_\_\_\_  
Application Photos Dues  
\_\_\_\_\_  
Date Letter & Receipt Sent  
\_\_\_\_\_  
Buyer Group #

\_\_\_\_\_  
Date Sent to Editor  
\_\_\_\_\_  
Date Published in Magazine  
\_\_\_\_\_  
Date Membership Materials Sent

## Explanation of Membership Categories

### Rental / Retail Member:

Any company which engages, full time and for profit, in the supplying of theatrical and masquerade rental costumes and accessories and having met the qualifications for membership, as established by the Board of Directors, shall be eligible for membership. One or more persons owning a firm are allowed one vote per firm and will be considered member representatives. The voting privilege may be delegated as outlined in Article XVII.

### Retail ONLY Member:

Any company which engages, full time and for profit, in the supplying of retail costumes, accessories and allied goods. Said retailer may not be a publicly held firm and/or have no franchises and/or have no more than 8 outlets. Having met the qualifications for membership as established by the Board of Directors, said member shall have all privileges of the association, except said member may not vote or hold elective office.

### Wholesaler/Manufacturer:

Any company which sells, year round and for profit, items and accessories related to the costume industry to directly to active member firms for resale or rental, having met the qualifications as established by the Board of Directors, shall be eligible for membership. One or more persons representing a firm are allowed one vote per firm and will be considered member representatives. The voting privilege may be delegated as outlined in Article XVII.

### Costume Professional:

Any person who is a professional in the field of costume design and/or manufacturing industry shall be eligible for membership as a costume professional. Having met the qualifications for membership as established by the Board of Directors, (You must derive a major source of your income in the costume industry and/or related fields. You must submit proof with your application, such as a professional license, business license, yellow page advertising, wholesale invoices, letter of recommendation by a member in good standing or other evidence proving your profession) said member is allowed one vote and will be considered a voting member representative. Said member may hold elective office. Said member may not delegate his/her vote as outlined in Article XVII.

### Affiliate:

Any person 18 years of age, or older, who is employed by, or associated with a regular member who is engaged, full time and for profit, in the field of costuming and/or related merchandise or accessories, shall be eligible for an Affiliate membership. Such member said member shall have all privileges of the association, except individual may not vote or hold elective office. Membership expires annually or upon termination of employment or closing of business. The Secretary-Treasurer shall be so notified by the terminating employer or firm owner.

### Retired:

Any member of this association, who has retired from active costume business, and who has been a member of this association in good standing for ten years prior to retirement, shall be eligible for retired membership but may not hold any other membership in this association at the same time. All retirees are exempt from any dues.

## ANNUAL MEMBERSHIP DUES

Membership dues include Buyer's Group discount program, Web link, roster inclusion, Web Site listing and all other benefits deemed "Member Benefit". All categories of membership are \$300 per year.

Member firms can enter into more than one membership category. A membership application must be submitted for each membership category. Secondary category is \$125 in additional to your primary membership yearly.

Optional Additional Items: Affiliate Membership- \$100 per year, Additional Location- \$125 per year, Secondary Category- \$125 per year.

All dues (US Currency) should accompany your application for membership. Checks should be made payable to National Costumers Association, Inc.

Contributions or gifts to the National Costumers Association, Inc. are NOT a Federal Tax Deduction as a Charitable Contribution.

## SPECIAL REQUIREMENTS

According to a ruling of the NCA Board of Directors, the following items must be submitted with all Rental/Retail and Retail ONLY business applications:

- A. Firm must be engaged in business and serving the public year round.
- B. Photographs
  1. A photograph of the exterior of your business, including your signage.
  2. A photograph of your general salesroom.
  3. A photograph of your dressing rooms. (if available)
  4. A photograph of your stockroom or work room
- C. A copy of your listing or advertisement, in the "Yellow or White Pages".
- D. A copy of your Federal Identification number and sales tax collection license.

NOTE: The fiscal and Membership year for the NCA is January1 through December 31.  
Invoices are issued before and are payable by December 31 of each year.