

# ARA Membership Application

Date of Application \_\_\_\_\_

Please send form, copy of qualifying document, and remittance to: Awards and Recognition Association, PO Box 3781, Oak Brook, IL 60522, Fax: 847.375.6480 (for credit card payment only). If you apply by fax, please do not mail. For more information, call ARA at 800.344.2148 or 847.375.4800; or visit www.ara.org.

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Business Phone \_\_\_\_\_ Toll-Free Phone \_\_\_\_\_

Fax \_\_\_\_\_ Toll-Free Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

### A. Retailer Requirements

Membership is available to for-profit companies offering awards and recognition products at the retail level. Branch membership is available only to companies whose headquarters is a member.

Membership Types	Annual Dues (U.S. Funds)
Retailer Member.....	\$195 <input type="checkbox"/>
Retailer Member's Branch or Franchise.....	\$115 <input type="checkbox"/>
Name of Parent Company _____	
\$42 of your dues is applied to your subscription to <i>Recognition Review</i> .	

### C. Supplier Requirements

Membership is available to for-profit companies offering awards and recognition products, supplies, or services to retail dealers. Branch membership is available only to companies whose headquarters is a member.

Membership Types	Annual Dues (U.S. Funds)
More than \$10M in Annual Sales Revenue .....	\$1,240 <input type="checkbox"/>
\$5–10M in Annual Sales Revenue .....	\$940 <input type="checkbox"/>
\$1–4.9M in Annual Sales Revenue .....	\$640 <input type="checkbox"/>
Less than \$1M in Annual Sales Revenue.....	\$540 <input type="checkbox"/>

Supplier dues are based on annual gross sales revenue.

Supplier Member's Branch.....	\$85 <input type="checkbox"/>
Name of Parent Company _____	
Supplier Representative .....	\$85 <input type="checkbox"/>
Affiliate Member.....	\$595 <input type="checkbox"/>
Furnishes services to retailers or suppliers	
Associate Member.....	\$595 <input type="checkbox"/>
Furnishes raw materials to suppliers	
\$42 of your dues is applied to your subscription to <i>Recognition Review</i> .	

### B. ARA Retailer Member Plus

The ARA Retailer Member Plus Program is available only to companies with a full retailer membership.

ARA Retailer Member Plus .....	\$99 <input type="checkbox"/>
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### Demographics

No. of Full-Time Employees \_\_\_\_\_  
 No. of Part-Time Employees \_\_\_\_\_  
 No. of Sites \_\_\_\_\_  
 Date of Establishment \_\_\_\_\_  
 Total Square Footage \_\_\_\_\_

### Retailers

Indicate the top three (3) areas of your business concentration from the following product areas:

Corporate Awards  Scholastic Awards  Awards–Other  Ad Specialties  Signage  Other

Indicate the top three (3) areas of your business concentration from the following types of processes:

Laser Engraving  Engraving–Other  Sandblasting  Screen Printing  Sublimation  Other

### Suppliers

Indicate the top six (6) areas of your business concentration from the following areas:

Acrylic Products  Plaques/Wood Components  Engraving Stock/Supplies  Trophy Components  
 Medals/Medallions  Engraving Machines  Signage  Gifts/Desk Accessories  
 Ad Specialties  Ribbons  Equipment–Other  Other

**A copy of one of the following documents is a requirement for membership. Please check one.**

Business License  Resale Permit  Articles of Incorporation

Letter from appropriate government office verifying none of the above is required for retailers in your area

The application process cannot be completed without a copy of one of the above documents.

### Payment Information

Please check the appropriate box and indicate your dues and total due.

Total of Box A—ARA Retailer Member \_\_\_\_\_ \$ \_\_\_\_\_

Total of Box B (if applicable)—ARA Retailer Member Plus Package \_\_\_\_\_ \$ \_\_\_\_\_  
(Full Retailer Members Only)

Total of Box C—ARA Supplier Member \_\_\_\_\_ \$ \_\_\_\_\_

New Member Processing Fee \_\_\_\_\_ \$ 25.00

TOTAL \$ \_\_\_\_\_

### Payment Method

Check payable to ARA in the amount of \_\_\_\_\_ \$ \_\_\_\_\_  
 Charge my account  Visa  MasterCard  American Express  Discover in the amount of \$ \_\_\_\_\_

I authorize ARA to charge the above listed credit card amounts reasonably deemed by ARA to be accurate and appropriate.

If rebilling of a credit card is necessary, a \$25 processing fee will be charged. A charge of \$20 will apply to checks returned for insufficient funds.

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_