

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 our Web site at www.ara.org.

Company Name _____

Contact Name _____ Title _____

Street Address _____

City _____

State/Province _____ ZIP/Postal Code _____ Country _____

Business Phone _____ 800/ _____

Fax _____ Toll-Free Fax 800/ _____

E-Mail _____ Web Site _____

Mailing Address (if different than above) _____

City _____

State/Province _____ ZIP/Postal Code _____ Country _____

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
Retailer Member's Branch or Franchise.....	\$115

\$42 of your dues is applied to your subscription to *Recognition Review*.

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)
Supplier Member.....	\$490
Supplier Member's Branch.....	\$85
Supplier Representative	\$85
Affiliate Member.....	\$595
<small>Furnishes services to retailers or suppliers</small>	
Associate Member.....	\$595
<small>Furnishes raw materials to suppliers</small>	

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Demographics

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

Annual Sales Volume : Less than \$50,000 \$50,001 – \$100,000 \$100,001 – \$250,000 \$250,001 – \$500,000
 \$500,001 – \$1M \$ 1.1M – \$2M \$2.1M – \$3M \$3.1M – \$5M More than \$5M

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/Desktop 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 indicate membership classification from above, and write in dues and total:

Membership Type _____ \$ _____

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 _____