



# Jewelers of America Membership Application Form

## Business Information

Name of Firm Applying for Membership \_\_\_\_\_

Headquarters Address \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

Full Name of Individual Submitting Application \_\_\_\_\_ Title \_\_\_\_\_

### Type of Business: (Please check all that apply.)

Retail Jewelry Store       Leased Department       Other \_\_\_\_\_

Number of Outlets \_\_\_\_\_ (Attach a list of outlets with complete addresses.)

Total number of employees at all locations \_\_\_\_\_ Year Established \_\_\_\_\_ Do you collect sales/use tax? \_\_\_\_\_

Tax ID Number \_\_\_\_\_

List Below Three Industry References: (names and addresses)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Payment Information: (Please check all that apply.)

My check is enclosed, payable to Jewelers of America, Inc.  
 Please charge my:     Visa     Mastercard

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

I have read and understand the Code of Ethics printed on the back of this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The blue portion of this form must be fully complete to apply for membership!

### You Must Include:

- Payment (see dues schedule from your local partner or contact us)
- Photo(s) of Inside of Store
- Photo(s) of Outside of Store
- Business Stationery Sample or Business Card

Please mail your completed application with supporting documentation directly to:

#### Jewelers of America

52 Vanderbilt Avenue, 19th Floor  
New York, New York 10017  
(800) 223-0673 n (646) 658-0246  
Fax: (646) 658-0256

contactus@jewelers.org n www.jewelers.org