



1909-2009

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MEMBER APPLICATION

DUES \$95 Per Store/Company

\$190 for two or more stores

Name: _____

Company: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Payment Form (s) : AMEX, Visa/MC; Check

Credit Card # _____ Type _____

Expiration Date _____ CCV# _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Name on Card _____