

Membership Application

Please Print

Name of Business _____ DBA (if applicable) _____

Contact First Name _____ Last Name _____

Title _____ Email _____

Business Web Site Address _____ Federal Tax ID Number* _____

Business Street Address _____ City & State _____ Zip _____

Mailing Address (if different from above) _____ City & State _____ Zip _____

Phone _____ Fax _____

* The Retailers Association of Massachusetts requires your federal tax ID number for identification purposes. It is used as your member ID number.

Business Type Check all applicable

- | | | |
|--|--|--|
| <input type="checkbox"/> Auto Parts | <input type="checkbox"/> Fish/Produce/Meat | <input type="checkbox"/> Optical |
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Florist/Garden Center | <input type="checkbox"/> Package Store |
| <input type="checkbox"/> Auto Seller | <input type="checkbox"/> Food Manufacturer | <input type="checkbox"/> Pet Store |
| <input type="checkbox"/> Book Store | <input type="checkbox"/> Frames/Gallery | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Card & Gift | <input type="checkbox"/> Furniture/Home Decor | <input type="checkbox"/> Photo Shop |
| <input type="checkbox"/> Carpet/Rug/Flooring | <input type="checkbox"/> General Wholesale | <input type="checkbox"/> Redemption Center |
| <input type="checkbox"/> Clothing/Accessories/Shoes | <input type="checkbox"/> Gourmet Food | <input type="checkbox"/> Rental Center |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Grocery/Deli | <input type="checkbox"/> Restaurant – Quick Service |
| <input type="checkbox"/> Copy Center | <input type="checkbox"/> Hardware/Home Improvement | <input type="checkbox"/> Restaurant – Full Service |
| <input type="checkbox"/> Department Store | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Restaurant – Bar/Nightclub/Lounge |
| <input type="checkbox"/> Discount Store | <input type="checkbox"/> Jewelry/Fine Gifts | <input type="checkbox"/> Sporting Goods/Marine |
| <input type="checkbox"/> Dry Cleaning/Laundry | <input type="checkbox"/> Medical Supply | <input type="checkbox"/> Toy Store |
| <input type="checkbox"/> Electronics/Computer Supplies | <input type="checkbox"/> Music/Musical Instruments | |
| | <input type="checkbox"/> Office Products | |

If your business isn't listed above, please describe:

1. _____
2. _____
3. _____

Store Type

- Independent
 Chain
 Corporate
 Franchise

Number of Locations in MA: _____

Number of Employees in MA: _____



RETAILERS ASSOCIATION
of MASSACHUSETTS

The Voice of Retailing

18 Tremont Street, Suite 810
Boston, Massachusetts 02108

Membership Dues

New Member

- First Year Dues: \$50
 Second Year Dues: \$125

Third Year & Beyond

Third year and beyond: Annual dues are based on previous year's gross sales amount in Massachusetts

Gross Sales

Dues

- | | |
|---|---------|
| <input type="checkbox"/> Up to \$500,000 | \$175 |
| <input type="checkbox"/> \$500,000 – 1,000,000 | \$225 |
| <input type="checkbox"/> \$1,000,000 – 1,500,000 | \$275 |
| <input type="checkbox"/> \$1,500,000 – 2,500,000 | \$500 |
| <input type="checkbox"/> \$2,500,000 – 5,000,000 | \$1,000 |
| <input type="checkbox"/> \$5,000,000 – 7,500,000 | \$1,500 |
| <input type="checkbox"/> \$7,500,000 – 10,000,000 | \$2,000 |
| <input type="checkbox"/> Over \$10,000,000 | \$2,000 |

+ \$1,000 per additional \$10M in sales

I have read this application, and I understand my membership dues are not predicated on being accepted for any membership service or program and are not refundable. I also understand that my membership is subject to approval by the RAM board of Directors and if at any time my business fails to meet the criteria of a Regular or Associate Member, my membership in the Retailers Association of Massachusetts and my participation in membership services is subject to termination.

Associate Member

- Associate Member \$250

**Please be aware that associate members have limited membership benefits that do NOT include access to discounted services; this membership category is NOT available to retailers. All associate member applications are reviewed and accepted on an individual basis.*

Signature – Owner of Business

Date

Check Enclosed (please make payable to Retailers Association of Massachusetts)

Visa

Mastercard

AMEX

Card #

Expiration Date

Signature

Mail to:



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