



Retailer Membership Application

1 CONTACT INFORMATION *(Please Print/Type Clearly)*

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone (_____) _____ Fax (_____) _____

E-mail _____ @ _____ Web _____

Completing this form serves Management notice that you agree to be contacted by mail/phone/fax and/or e-mail.

2 Dues: \$150

Anniversary Year Membership - URA's membership run on an anniversary date. Membership is valid one year from the join date. Accepted membership applications are **non-refundable**.

The Uniform Retailers Association (URA) is a nonprofit organization dedicated to the growth and prosperity of the independent uniform retailer. I certify that the company listed above is an independent uniform retailer.
Signature _____ Date _____

3 METHOD OF PAYMENT *(payment due at time of order)*

Check (Make check payable to **URA**)

American Express

Discover

MasterCard

VISA

All payments in U.S. funds drawn on U.S. banks. \$25 fee charged for returned checks.

Amt. to be charged \$ _____

Credit Card Number _____ Exp. _____

Cardholder's Name (Print) _____ 3-digit security code _____

Cardholder's Signature _____

Billing Address _____

Send Completed form to:

URA

1100-H Brandywine Blvd

Zanesville, OH 43701-7303

Phone: (740) 452-4541 Fax: (740) 452-2552

E-mail: URA@UniformRetailers.org ~ Web site: www.UniformRetailers.org

FOR OFFICE USE ONLY

Acct. Code: 191

Recd _____ Ck# _____

Amt _____ Ackd _____