



**Sanitary Supply Wholesaling Association  
Membership Application**

[Please complete BOTH pages.]

Firm Name:			
Membership Designation:	<input type="checkbox"/> __Wholesaler	<input type="checkbox"/> __Manufacturer	<input type="checkbox"/> __Associate
Name and Title of Official Representative:			
(Note: Must be an officer or executive possessing the authority to bind your firm)			
Complete Mailing Address:			
Complete Shipping Address:			
Area Code/Telephone Number:			
Area Code/Fax Number:			
Email Address:			
Web Address:			
Alternate Representative and Title:			
Name and Locations of subsidiaries, divisions, and/or branches of your firm, if any:			
Briefly tell us how you learned of SSWA and what benefits you expect your membership to produce:			
In what year was your company established?			
What is your primary market?			
What associations does your company currently belong to?			
Do you currently sell end users?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
By signing this application, we agree to:	<ol style="list-style-type: none"> <li>1. Support the purpose and operating principles of SSWA.</li> <li>2. Abide by Articles of Association of SSWA.</li> <li>3. Maintain payment of dues on a current basis.</li> <li>4. Not engage in any act which would discredit the association.</li> </ol>		
Signature:			
Date:			
Fees to accompany application:	\$995.00 – All Members		
Your application will be given careful consideration by the Board of Directors, and you will be notified of their decision.			
<b>In order to process your application, we do need complete information. Please <u>complete all applicable questions on the reverse side</u>, then mail the application along with the fees, payable to SSWA.</b>			
<b>SSWA • P.O. Box 102 • Waterville, OH 43566 • Ph. 419-878-2787</b> <b>Thank you!</b>			

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<b>Wholesalers:</b>	
Does your business do anything other than wholesaling? (i.e. manufacturing, manufacturers representative, etc.)	
Do you have outside sales representatives employed by your company?	<input type="checkbox"/> __Yes <input type="checkbox"/> __No
List (4) Vendors with whom you do business as a wholesaler:	1. 2. 3. 4.
<b>Manufacturers:</b>	
Principle products produced:	
Product information you would like included in the membership directory and on the SSWA web site:	
Do you currently sell wholesalers?	<input type="checkbox"/> __Yes <input type="checkbox"/> __No
Do you currently have a wholesaler program?	<input type="checkbox"/> __Yes <input type="checkbox"/> __No
Do you use a direct sales force, or manufacturers' representatives?	
List (2) Wholesalers with whom you do business with as a manufacturer:	1. 2.
<b>SSWA • P.O. Box 102 • Waterville, OH 43566 Ph. 419-878-2787 • www.sswa.com Thank you!</b>	