Sanitary Supply Wholesaling Association

Membership Application

[Please complete BOTH pages.]

Firm Name:			
Membership Designation:	❑ __Wholesaler	❑ __Manufacturer	❑ __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?	❑ Yes ❑ No		
By signing this application, we agree to:	1. Support the purpose and operating principles of SSWA. 2. Abide by Articles of Association of SSWA. 3. Maintain payment of dues on a current basis. 4. Not engage in any act which would discredit the association.		
Signature:			
Date:			
Fees to accompany application:	$1195.00 – All Members		
Your application will be given careful consideration by the Board of Directors, and you will be notified of their decision.			
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.			
SSWA • P.O. Box 102 • Waterville, OH 43566 • Ph. 419-878-2787 **Thank you!**			

[N E X T P A G E]

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Wholesalers:	
Does your business do anything other than wholesaling? (i.e. manufacturing, manufacturers representative, etc.)	
Do you have outside sales representatives employed by your company?	❑ __Yes ❑ __No
List (4) Vendors with whom you do business as a wholesaler:	1. 2. 3. 4.
Manufacturers:	
Principle products produced:	
Product information you would like included in the membership directory and on the SSWA web site:	
Do you currently sell wholesalers?	❑ __Yes ❑ __No
Do you currently have a wholesaler program?	❑ __Yes ❑ __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.

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Thank you!