

APPLICATION FOR DISTRIBUTOR OR BROKER MEMBERSHIP

2009

We hereby apply for membership in the Southern Association of Wholesale Distributors, Inc. We agree, if elected, to abide by the by-laws and regulations of the Association toward the improvement of this industry. Check for an annual due is attached (or complete the credit card authorization below.) All applicants must be sponsored by a *Southern* member in good standing.

Name (Please print or type)	(Street Address)
Title	City State Zip
Firm	Recommended By
Phone () _____ Ext _____	(800) _____ Fax () _____
E-Mail _____	Web Site _____

Sponsored By _____	Are you incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Number of Warehouses _____	Are you a member of any other state, regional, or national associations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Number of Employees _____	If so, list them _____
Number of Salespeople _____	
Annual Gross \$ Volume _____	

Is your major volume: Candy Tobacco Products Sundries

Are you in: Catalogue Sales Grocery Products Vending Machines

SCHEDULE OF ANNUAL DUES FOR 2009

Distributors:

1 st Warehouse	\$ 600.00
2 nd , 3 rd , 4 th Warehouse (each).....	\$ 450.00
5 or more Warehouses	\$2,000.00

Brokers:

1 st member in firm	\$ 200.00
2 nd member in firm	\$ 130.00
Each additional member in firm.....	\$ 70.00

Credit Card Authorization

Please circle the card you want the charges to apply to: MC VISA AMEX

Amount of Charge \$ _____ Card Number _____ Expires _____

Name as it appears on card _____

Credit card Verification Number _____ (A three- or four-digit number usually located on the back of your credit card.)

Today's Date _____ Authorized Signature _____



See us on the web at
www.the-southern.org

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