



Membership Application

Retail Alliance • 500 E. Plume Street, Suite 500 • Norfolk, Virginia 23510

PHONE: 757.466.1600 • FAX 757.455.9332 • EMAIL: info@retail-alliance.com • WEBSITE: www.retail-alliance.com

YES, I want to join RETAIL ALLIANCE. Enroll me as a member today.

Date _____

Business Name _____

Primary Contact for RA – Name & Title _____

Address _____

Phone _____

Fax _____

City _____

Email _____

State _____

Zip _____

Company Website _____

Type of Business (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Building Material/ Garden Store | <input type="checkbox"/> General Merchandise |
| <input type="checkbox"/> Clothing and Accessory | <input type="checkbox"/> Health and Personal Care |
| <input type="checkbox"/> Electronics/Appliances | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Food and Beverage/Grocery | <input type="checkbox"/> Motor Vehicles/ Parts Dealer |
| <input type="checkbox"/> Furniture/Home-Furnishing | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Sports/Hobby/Books/Music |
| | <input type="checkbox"/> other _____ |

Person(s) to receive Newsletters & Correspondence

(If more space is needed please list names on separate sheet)

Name & Title _____

Email/Phone _____

of Locations _____

of Employees _____

Billing Address (if different from above) _____

Best method of contact

- Direct Mail Email Phone Fax
 Other _____

Mailing Address (if different from above) _____

Best time to contact

- Morning Afternoon Evening

Dues Amount * _____

*** Dues Computation**

Gross Annual Revenue Per Location**	Annual Dues
<input type="checkbox"/> \$5 million and over	\$600
<input type="checkbox"/> \$3 million to \$5 million	\$350
<input type="checkbox"/> \$1 million to \$3 million	\$250
<input type="checkbox"/> Under \$1 million	\$195
<input type="checkbox"/> Application fee	\$50

** Multiple location businesses, an additional \$50 per branch

Additional Branches _____ @ \$50 each additional branch = _____

Method of Payment

CREDIT CARD: AMEX MasterCard Visa Discover

Acct # _____

Expiration Date _____ Security Code _____

Name (As it appears on Credit Card) _____

Signature _____

CHECK: Payable to: **Retail Alliance**

For Official Use Only

Account Executive _____

iMIS

Data

Member Type _____