



# RETAIL ALLIANCE

## MEMBERSHIP APPLICATION

### 2012

**Main Office • 838 Granby Street • Norfolk, Virginia 23510**

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

Date

*Business Name*

*Address*

*City*

*State*

*Zip*

*Primary Contact for RA – Name & Title*

*Email*

*Phone*

*Fax*

*Company Website*

**Person(s) to receive Newsletters & Correspondence**  
*(If more space is needed please list names on separate sheet)*

<i>Name &amp; Title</i>	<i>Email/Phone</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Type of Business** *(check all that apply)*

<input type="checkbox"/> Antique Store	<input type="checkbox"/> Health and Personal Care
<input type="checkbox"/> Building Material/ Garden Store	<input type="checkbox"/> Hotel
<input type="checkbox"/> Clothing and Accessory	<input type="checkbox"/> Motor Vehicles/ Parts Dealer
<input type="checkbox"/> Communications/Media/ Printing	<input type="checkbox"/> Pet Store/Pet Care
<input type="checkbox"/> Electronics/Appliances	<input type="checkbox"/> Physician/Medical Service
<input type="checkbox"/> Food and Beverage/Grocery	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Furniture/Home-Furnishing	<input type="checkbox"/> Retail Services
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Restaurant/Bar
<input type="checkbox"/> General Merchandising	<input type="checkbox"/> Sports/Hobby/Books/Music
<input type="checkbox"/> other (please specify) _____	

<i># of Locations</i>	<i># of Employees</i>
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*Dues Amount \**

**Best method of contact**  Direct Mail  Email  Phone  Fax  Other \_\_\_\_\_ **Best time to contact**  a.m.  noon  p.m.

**\* Dues Computation**

Gross Annual Revenue Per Location**	Annual Dues	or	Pay Monthly (12 payments includes application fee)	Total
<input type="checkbox"/> Retail Member	\$245		\$24	_____
<input type="checkbox"/> Associate Member	\$295		\$28	_____
<input type="checkbox"/> Corporate Member	\$1,000		N/A	_____
<input type="checkbox"/> Application fee	\$50		N/A	_____
<input type="checkbox"/> Additional Branches*** _____ @ \$100 each additional branch location				_____
<input type="checkbox"/> Shopping Center/Mall Co-op	\$1,000		N/A	_____
<input type="checkbox"/> Co-op Tenant Membership	\$150		N/A	_____

\*\*\*In compliance with the Revenue Reconciliation Act of 1993, 100% of your Retail Alliance membership dues are not tax deductible as allocable expenses for lobbying and political expenditures\*\*\*

*By signing this document I am becoming a member of Retail Alliance. As a member of Retail Alliance, I authorize my business to be contacted through email, fax, mail and/or phone regarding events and activities sponsored by the organization.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Official Use Only**  
Account Executive: \_\_\_\_\_  Avecetra  Data Member Type \_\_\_\_\_