



...The Voice of Retailing in Pennsylvania

MEMBERSHIP APPLICATION

Company/Business Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Title _____

Phone _____ Ext. _____ Fax _____

Email Address _____ Website _____

Type of Business _____ Number of stores in PA _____

Number of Employees _____ Full Time _____ Part Time _____

Annual Sales Volume _____ Average Ticket Amount _____

Credit Card Volume _____ Discount Rate _____ Transaction Fees _____

Workers' Comp Insurance Carrier _____

I (We) accept your invitation and submit this application for membership in the Pennsylvania Retailers' Association. I (We) agree to cooperate with the association in promoting its objectives on behalf of retailers, their affiliates and the retailing industry.

Signature _____ Date _____

Investment Dues Options (Please call 1-800-727-3824 for current investment options.):

1. Check in the amount of \$_____ for annual investment.

—OR—

Circle one)

2. Visa / MC / American Express / Discover # _____ Exp _____ CIC Code _____
Amt. \$ _____

Name appearing on card _____

Please return completed applications to:

Pennsylvania Retailers' Association
224 Pine Street
Harrisburg, PA 17101-1325

Or fax to: 717-236-1234

Questions? Call the Membership Department at 800-727-3824; or email: marketing@paretailers.org