

HSRA 2017 MEMBERSHIP APPLICATION

NAME _____ BUS. PHONE _____
 ADDRESS _____ FAX _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ E-MAIL ADDRESS _____
 COMPANY NAME _____

Please print or type lines represented and indicate category (see category list below)

Line	Category	# of Yrs. w/line	Line	Category	# of Yrs. w/line
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

A – ACCESSORIES C-CHILDREN'S WEAR G-GIFTS F-FOOTWEAR L-LINGERIE M-MEN'S WEAR R-RESORTWEAR
 S-SPORTING GOODS & WEAR SW-SWIMWEAR T-T-SHIRTS W-WOMEN'S WEAR H-HOME

HSRA depends on member volunteers to serve in various capacities. Indicate on which of the following committees you would be willing to serve:

Political Action Newsletter/Awards Sample Sale Tradeshow Benefits/Education Social/Charity Grievance

NEW APPLICANTS: Please list three professional references:

NAME	ADDRESS including City, State & Zip	Phone

REFERRED BY: _____

ALL APPLICANTS:

I hereby agree to comply with all HSRA Bylaws and Policies and acknowledge that I am a commissioned sales representative.

 APPLICANT SIGNATURE

 DATE

Amount due = \$205.80 (Discount to \$200.00 if paying by check):

To pay w/credit card – Email form to contact@hawaiiisalesreps.org - we will send invoice as noted to pay via Paypal

To pay by check – Send this application with check for \$200 Check payable to HSRA to:

HSRA, C/O Ginny Wright, 46-316 Kauhāa Place, Kaneohe, HI 96744.

NOTE: MEMBERSHIP IS PER CALENDAR YEAR NO MATTER WHEN IN THE YEAR YOU JOIN.