

## HSRA 2018 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.<br>w/line | Line | Category | # of Yrs.<br>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](mailto: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 Kauhaa Place, Kaneohe, HI 96744.

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