

**HSRA 2019 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](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 Kaha Place, Kaneohe, HI 96744.**

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