



Sanitary Supply Wholesaling Association Membership Application

[Please complete BOTH pages.]

Firm Name:			
Membership Designation:	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Associate
Name and Title of Official Representative:			
<small>(Note: Must be an officer or executive possessing the authority to bind your firm)</small>			
Complete Mailing Address:			
Complete Shipping Address:			
Area Code/Telephone Number:			
Area Code/Fax Number:			
Email Address:			
Web Address:			
Alternate Representative and Title:			
Name and Locations of subsidiaries, divisions, and/or branches of your firm, if any:			
Briefly tell us how you learned of SSWA and what benefits you expect your membership to produce:			
In what year was your company established?			
What is your primary market?			
What associations does your company currently belong to?			
Do you currently sell end users?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
By signing this application, we agree to:	<ol style="list-style-type: none"> 1. Support the purpose and operating principles of SSWA. 2. Abide by Articles of Association of SSWA. 3. Maintain payment of dues on a current basis. 4. Not engage in any act which would discredit the association. 		
Signature:			
Date:			
Fees to accompany application: <small>(Includes application fee of \$100.00)</small>	\$845.00 – Wholesaler and Manufacturer Members \$745.00 – Associate Members		
Your application will be given careful consideration by the Board of Directors, and you will be notified of their decision.			
In order to process your application, we do need complete information. Please <u>complete all applicable questions on the reverse side</u>, then mail the application along with the fees, payable to SSWA.			
SSWA • P.O. Box 98 • Swanton, OH 43558 • Ph. 419-825-3055 • Fax 419-825-1815 Thank you!			

[O V E R]



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Wholesalers:	
Does your business do anything other than wholesaling? (i.e. manufacturing, manufacturers representative, etc.)	
Do you have outside sales representatives employed by your company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List (4) Vendors with whom you do business as a wholesaler:	1. 2. 3. 4.
Manufacturers:	
Principle products produced:	
Product information you would like included in the membership directory and on the SSWA web site:	
Do you currently sell wholesalers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a wholesaler program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a direct sales force, or manufacturers representatives?	
List (2) Wholesalers with whom you do business with as a manufacturer:	1. 2.
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