



SUPPLIER MEMBERSHIP APPLICATION

Application is hereby made by the undersigned for admission to Supplier Membership in the Souvenir Wholesale Distributors Association (SWDA). **Dues are \$275 per year.** All applications must be accompanied by a check made payable to the Souvenir Wholesale Distributors Association for the first year's membership dues. Please answer all questions completely. FAILURE TO COMPLETE ALL INFORMATION MAY RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.

Please type or print

Company Name: _____

Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Authorized Representative _____ Title: _____

Telephone: () _____ FAX: () _____ E-Mail: _____

Internet Web Address: _____

Supplier Membership Qualifications Any firm, company or corporation, and manufacturer's representatives of such companies, which is a recognized seller of Tourist Products to wholesaler-distributors, shall be eligible for Supplier Membership. Tourist Products shall include, but are not limited to, post cards, souvenirs, apparel, candy, toys, books, gifts, figurines and other products intended for sale to tourists.

If you have other information which you believe will be of assistance in determining your eligibility for membership in SWDA, please include such information with this application. All membership applications require the approval of the SWDA Board of Directors, and approval is subject to their sole and unfettered discretion.



A. List your major product (s) _____

B. Tax Identification Number (or equivalent if located outside of U.S.) _____

C. Other state, province or local government business license number: Jurisdiction: _____ Number: _____

D. Do you sell your products exclusively through wholesale distribution? Yes No

E. Please include any non-confidential sales promotional material on your product(s) and a copy of your printed letterhead with your application.

The information presented in the application for Supplier Membership accurately represents my company. I hereby acknowledge that failure to complete all sections of this form may result in a delay in processing my membership application.

Signature _____ Date _____

Print Name: _____ Title: _____

How did you hear about SWDA/ Who referred you? (optional) _____

Your dues are deductible as an ordinary & necessary business expense and are not deductible as charitable contribution

Return with dues payment of \$275 to:

SWDA • 2105 Laurel Bush Road, Suite 200 • Bel Air, MD 21015 • 443-640-1055 • Fax: 443-640-1031 • www.SouvenirCentral.org