



## APPLICATION FOR MANUFACTURER MEMBERSHIP

Organizations or individuals who are engaged in the manufacture, sale and distribution of business, art, and education products or services or organizations, trade associations, or individuals whose activities or specialized services support the Association's basic purposes, are eligible for membership in this Association.

MEMBERSHIP DUES INVESTMENT SCHEDULE	
Sales Volume	Dues Amount
Under \$2.5 Million	\$750.00
\$2.5 - \$10 Million	\$1,750.00
\$10 - \$100 Million	\$3,500.00
Over \$100 Million	\$6,000.00

Dues are based on total sales volume of previous year.

YOUR DUES MAY BE DEDUCTIBLE AS AN ORDINARY AND NECESSARY BUSINESS EXPENSE, AND ARE NOT DEDUCTIBLE AS A CHARITABLE CONTRIBUTION.

### COMPANY INFORMATION

Print or type information below. Fill in completely.

Firm Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Web site address \_\_\_\_\_

### PAYMENT INFORMATION

Check (payable to BSA)

Visa

Mastercard

American Express

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Please remit payment and application to  
BSA \* 3601 East Joppa Road., Baltimore, MD 21234 \* (410) 931-8100 \* Fax: (410) 931-8111 \* [www.businesssolutionsassociation.com](http://www.businesssolutionsassociation.com)

## KEY PERSONNEL

Name of authorized BSA representative \_\_\_\_\_

Title \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of first alternate \_\_\_\_\_

Title \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of second alternate \_\_\_\_\_

Title \_\_\_\_\_ E-mail Address \_\_\_\_\_

List the names and locations of any branch or affiliated firms \_\_\_\_\_

List office products wholesalers through which you distribute your products:

1 \_\_\_\_\_ 4 \_\_\_\_\_

2 \_\_\_\_\_ 5 \_\_\_\_\_

3 \_\_\_\_\_ 6 \_\_\_\_\_

Product Categories \_\_\_\_\_

Briefly state the reasons for seeking membership in BSA \_\_\_\_\_

Membership in any other trade and/or professional organizations \_\_\_\_\_

## DUES FOR MANUFACTURERS

I certify that the dues category specified on the reverse side accurately reflects my company's annual sales for the company's most recent taxable year. I agree, as a member of BSA, our company will abide by the Bylaws and Policies of the Association and will pay our annual association dues.

By (corporate officer or CPA): \_\_\_\_\_

Signature

Print Name

Title \_\_\_\_\_ Date \_\_\_\_\_

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