



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 _____

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

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 _____

Please remit payment and application to:

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