

APPLICATION FOR BROKER MEMBERSHIP

2017

We hereby apply for membership in the Southern Association of Wholesale Distributors, Inc. We agree, if elected, to abide by the by-laws and regulations of the Association toward the improvement of this industry. Check for an annual due is attached (*or complete the credit card authorization below.*) All applicants must be sponsored by a *Southern* member in good standing.

Name _____ (Please print or type)		_____ (Street Address)		
Title _____		City _____	State _____	Zip _____
Firm _____		Recommended By _____		
Phone (_____) _____ Ext _____		(800) _____ Fax (_____) _____		
E-Mail _____		Web Site _____		
Sponsored By _____				
Total Brokers in Firm _____		Are you incorporated?		<input type="checkbox"/> Yes <input type="checkbox"/> No
States Covered by Firm _____				
Are you a member of any other state, regional, or national associations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please list them _____				

SCHEDULE OF ANNUAL DUES FOR 2017

Broker Dues for 2017 are \$500.00 per firm

Credit Card Authorization

Please circle the card you want the charges to apply to: MC VISA AMEX

Amount of Charge \$ _____ Card Number _____ Expires _____

Name as it appears on card _____

Credit card Verification Number _____ (A three- or four-digit number usually located on the back of your credit card.)

Today's Date _____ Authorized Signature _____



See us on the web at
www.the-southern.org

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