APPLICATION FOR BROKER MEMBERSHIP

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*.) <u>All applicants must be sponsored by a *Southern* member in good standing.</u>

Name (Please print or type)	(Street Address)			
Title	City		State	Zip
Firm	Recommended By			
Phone ()Ext	()		Fax (_)
E-Mail	Web Sit	e		
Sponsored By				
Total Brokers in Firm	Are you	incorporated?	1	Yes No
States Covered by Firm				
Are you a member of any other state, regional, or national If so, please list them				🗌 Yes 🗌 No
Broker Dues for 2024 are \$500.00 per firm Credit Carc	d Authorizatio	'n		
Please circle the card you want the charges to app	ly to:	MC	VISA	AMEX
Amount of Charge \$ Card Number			Expi	res
Name as it appears on card				
Credit card Verification Number(A three- or fou	r-digit numbe	r)		
Today's Date Authorized Signature				
The Southern Association of WHOLESALE DISTRIBUTORS See us on the web at www.the-southern.org		ciation of Wholes P.O. Box 2289 aGrange, GA 302 770-932-3263 info@the-sout www.the-sout	41 .hern.org	Rev. 11/20/2023