# ASSOCIATE MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name of Business:

DBA (if applicable):

Current Business Address:

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone:

Current Mailing address: (if different):

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## CONTACT INFORMATION #1

Contact:

<table>
<thead>
<tr>
<th>Title</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E-Mail:

Fax:

## CONTACT INFORMATION #2

Contact:

<table>
<thead>
<tr>
<th>Title</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E-Mail:

Fax:

Please list additional contact info on a separate sheet of paper.

## BUSINESS TYPE (CHECK ONE)

- Antiques/Art Galleries
- Associations/Chambers
- Attorneys
- Automotive Related
- Book Stores
- Catalog / Mail Order
- Cleaning Service
- Clothing / Shoe Stores
- Communications
- Consultants/Advocates
- Contractors
- Credit / Collection Agencies
- Decorators
- Department Stores
- Electronic Sales and Service
- Employment Service
- Engineers, Design, Etc.
- Entertainment Businesses
- Equipment Sales, Service and Rentals
- Farm Related, Etc.
- Financial Services
- Fire and Security Equipment
- Florists
- Food Related
- Funeral / Monumental
- Gift and Novelty Stores
- Grocery Stores
- Hair Stylists
- Health Related
- Home Furnishings
- Home Improvement / Hardware
- HVAC Related
- International Related
- Jewelry Stores
- Landscaping / Greenhouse
- Laundry / Dry Cleaning
- Lodging, Restaurant, Hospitality
- Machine Shops, Etc.
- Manufactured Homes
- Manufacturers
- Marinas, Marine Items
- Marketing Related
- Medical Equipment
- Miscellaneous
- Neighborhood / General Store
- Nursing Homes
- Office Supply Stores
- Pet Shops and Supplies
- Pharmacies
- Plumbing and Building Supplies
- Pool and Spa Sales and Service
- Printing Firms
- Publications / Media Related
- Real Estate Related, Developers
- Redemption Centers
- Schools, Etc.
- Specialty Stores
- Storage Facilities
- Technology Related
- Transportation Related
- Travel Agencies
- Upholstery / Refinishing
- Utility Companies
- Vending Machines
- Waste Management
- Wholesalers
- Other: ________________________

If your business is not listed above, please describe:

## OTHER INFORMATION
### ASSOCIATE MEMBERSHIP APPLICATION

**Type:** (choose one)
- [ ] Trade Association
- [ ] Chain
- [ ] Corporate
- [ ] Franchise

What are the top four issues facing your business?

1. 
2. 
3. 
4. 

### ASSOCIATE MEMBERSHIP DUES INVESTMENT

Associate memberships are for any person, partnership, and corporation or firm actively engaged in selling services or in any business associated with retailing. Associate members are not eligible to vote at annual meetings, but are entitled to participate in certain membership services. The Retail Association of Maine Tax Identification Number is 01-0165117. Note: 35% of dues are NOT deductible for federal income tax purposes under Section 162(E) (2) because they are allocable to lobbying activities.

### ASSOCIATE DUES INVESTMENT SCHEDULE

$1,500.00 per year

*Dues schedule as of February 1, 2019*

**Dues Amount: __________________**

**THANK YOU FOR JOINING!**

I have read this application, and I understand my membership dues are not predicated on being accepted for any membership service or program and are not refundable. I also understand that my membership is subject to approval by the RAM Board of Directors and if at any time my business fails to meet the criteria of membership, my membership in the Retail Association of Maine and my participation in membership services is subject to termination.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Print Name:</th>
<th>Method of Payment: ___ Check</th>
</tr>
</thead>
</table>

Make check payable to: **Retail Association of Maine**

Check # ________________________________

Remit application to:

**Retail Association of Maine**  
45 Melville Street, #1  
Augusta, ME 04330

Signature: ________________________________