



ART Membership Application :Return the completed application to: ART, PO Box 31813, Charlotte, NC 28231 or by fax to 704-376-6633. Thank you and welcome to ART!

Company Name

Contact Name

Mailing Address

City, state and zip

Phone

Fax

Email address

Membership type:

Resource Member (manufacturer, importer or wholesaler) - \$850 per yr

Associate Member - \$250 per year (indicate one)

Retailer

designer

sales representative

press

supplier

market center/show producer

other _____

Individual Sales Rep Member - \$50 per year

I wish to volunteer for a committee. Please contact me with a list of available committees.

Check enclosed

Bill me

MC/Visa/AMEX accepted.

Card # _____ Exp. _____

Card issued to: _____

Statement billing zip code: _____ Security Code: _____

I understand that the yearly dues are \$850 for resource, \$250 for associate membership, and \$50 per Individual Sales Rep. Dues will be billed on my anniversary date yearly.

Signature

Date