

Retail Group of New York, Inc.

APPLICATION FOR MEMBERSHIP TO THE RETAIL GROUP OF NEW YORK, INC.
PLEASE COMPLETE IN BLANK INK ONLY.

Corporate Name: _____

Trade Name: _____

Address: _____

City _____ State _____ Zip _____

County _____ Date Firm was Formed _____

FEIN # _____

Business Phone() _____ Fax # () _____

E-Mail Address _____

Check One: _____ Corporation _____ Partnership _____ Sole
Proprietor

Owners/Partners/Officers Names & Titles:

Type of Retail Store? _____

Are you a member of a Trade Association? _____

Will you comply with the terms of the "Group"? _____

Total number of employees in New York? _____

Estimated annual sales? _____ # of Locations _____

Accountant's Name: _____ Tel.# _____

Address: _____

Office Use Only

Prod. _____
Eff. _____
SF _____
Prior Co. _____
Prior Prem. _____
Referral:
T.M. _____
Crd. _____
SIF _____
Rpt. _____
Adv. _____
Show _____
Ref. _____

rgnapp.doc

Annual Dues \$85

Enclosed is my check for _____

Signed _____

Title _____

Date _____

P.O. Box 769 Armonk, NY 10504 1-800-967-0047

www.retailgroupny.com // email: info@retailgroupny.com