

# Wholesale Group of New York, Inc.

APPLICATION FOR MEMBERSHIP TO THE WHOLESALE GROUP OF NEW YORK, INC.

PLEASE COMPLETE IN BLACK 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 Wholesale 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. \_\_\_\_\_

Annual Dues \$85

Enclosed is my check for \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

wgnapp.doc