



Application for Retail Membership

Membership Criteria:

- 1. Must be a retail establishment in an established business district, with regular business hours.
2. Must supply a photo of the interior and exterior of the store.
3. Must provide a state sales tax number.
4. List of jewelry suppliers currently buying from.
5. Business bank name.
6. Membership must be approved by the Membership Committee.

Schedule of annual dues based on number of store locations:

Table with 2 columns: Store(s) and Dues. Single Store Location \$105.00, Each Additional Location \$ 75.00

Join Us Now!

STORE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER/MANAGER: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

YEAR BUSINESS WAS ESTABLISHED: \_\_\_\_\_ # OF STORES \_\_\_\_\_

INDUSTRY REFERENCES:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

IOWA SALES TAX #: \_\_\_\_\_ TOTAL DUE: \_\_\_\_\_

Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_ (circle one) VISA MC DISC AMEX

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Cardholder Address \_\_\_\_\_ Zip \_\_\_\_\_

We understand that this application must meet the requirements and be approved by the Iowa Jewelers Association. (If disapproved, your dues payment will be refunded.)

Please include the following with your application:

- Photo of the inside and outside of your store
A Sample of your business stationery or other business identification
A complete list of all retail jewelry stores operated by your firm, with current mailing address

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Send Application to: Iowa Jewelers Association
PO Box 6192; St. Cloud, MN 56302-6192
Ph: (800) 669-8547 or (320) 654-6775
Fx: (320) 253-3324