



Professional Retail Store Maintenance Association
Membership Department
 14850 Quorum Drive, Suite 120
 Dallas, TX 75254
 Ph: 972-231-9810 Fax: 972-231-4081
 Web: www.prsm.com
 E-mail: membership@prsm.com

**Professional
 Corporate
 Membership
 Application
 (Retail)**

1 Please check: I am the Primary Member I am an Additional Member* ***My Professional Corporate Primary Member is _____.** Additional Member applications will not be processed without an active Primary Member from your company.

First Name _____ Last Name _____

Company Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____ Secondary Phone () _____

Fax () _____ Toll Free () _____

E-mail _____ @ _____ Website: _____

Signature (required) _____

Your signature above serves notice that you have verified that the information contained on this form is accurate and that you and any additional members consent to receive communications from the Association via mail, phone, fax, and e-mail, including communications promoting Association conferences, products, and services. Please note that your membership will not be processed without your signature.

2 PROFESSIONAL CORPORATE MEMBER: Professional Corporate membership is open to retail companies employing retail facilities maintenance management and non-management, and to retail property firms including property owners, landlords, managers and developers.

Individuals employed by companies providing products or services of any kind whatsoever to retailers, except as landlord, property owner or property manager, are ineligible for Professional Corporate membership. It is open to more than one designee employed at the same company; provided, however, there shall be only one (1) voting member per company. The PRSM Association Board may, at its discretion, establish categories and a pricing structure within the Professional Corporate membership category.

Please check your membership category from the following and provide complete information on reverse side of form:

***As of July 1, 2009, all membership dues will be half the normal price of Annual Dues. PRSM membership expires December 31, 2009.**

- Category 1:** Individual Professional Corporate MembershipDues ~~\$300~~.....~~\$150~~*
Includes 1 voting member
- Category 2:** Professional Corporate MembershipDues ~~\$500~~.....~~\$250~~*
Includes 1 voting member + 1-4 additional members (please include contact information on back)
- Category 3:** Professional Corporate MembershipDues ~~\$800~~.....~~\$400~~*
Includes 1 voting member + 5-10 additional members (please include contact information on back)
- Category 4:** Professional Corporate MembershipDues ~~\$950~~.....~~\$475~~*
Includes 1 voting member + 11 or more additional members (please include contact information on back)

Total Due: \$ _____

Please do not forget to include contact information for each of your additional members on the reverse side of this form. →

3 MEMBER CATEGORY: MANDATORY – Please choose at least ONE and no more than 3. Please make your selection(s) from Section 7 on the back of this form.

_____ (Required) _____

4 How did you hear about PRSM?

- Email Event Mailing
- Promotion Membership Packet
- Magazine Ad (list magazine) _____
- Other member/PRSM Staff _____

Please list their name so that we may thank them!

5 IMPORTANT!
 The information shown on this form is how your contact information will appear for all who access it on-line. Please check this entire form for accuracy!

PAYMENT: Membership cannot be processed without payment.

Company Check Cashier's Check/Money Order (Make check payable to PRSM)
 American Express Discover MasterCard VISA

Credit Card Account# _____

Exp. Date _____ Amount to be charged \$ _____

Cardholder's Name (Print) _____

Authorized Signature _____

A \$25 fee will be charged for returned checks. All payments in U.S. funds drawn on U.S. banks. Please return completed form with payment to PRSM.

OFFICE USE ONLY

RCVD _____

AMT _____

CK# _____

ACKD _____

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Please List Additional Members: (please attach an additional sheet if you have more than 5 additional members)

First & Last Name _____ Title _____
 Mailing Address (if different from primary member) _____
 City _____ State _____ Zip _____
 Phone () _____ Secondary Phone () _____
 Fax () _____ Toll Free () _____
 E-mail _____ @ _____ Web _____

First & Last Name _____ Title _____
 Mailing Address (if different from primary member) _____
 City _____ State _____ Zip _____
 Phone () _____ Secondary Phone () _____
 Fax () _____ Toll Free () _____
 E-mail _____ @ _____ Web _____

First & Last Name _____ Title _____
 Mailing Address (if different from primary member) _____
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 Fax () _____ Toll Free () _____
 E-mail _____ @ _____ Web _____

First & Last Name _____ Title _____
 Mailing Address (if different from primary member) _____
 City _____ State _____ Zip _____
 Phone () _____ Secondary Phone () _____
 Fax () _____ Toll Free () _____
 E-mail _____ @ _____ Web _____

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MEMBER CATEGORY:

MANDATORY – Professional Corporate Members must choose at least ONE and no more than 3. Please choose carefully because only the first 3 that you mark below will be listed.

- | | | |
|-----------------------|---------------------------------|---------------------------|
| (A) Big Box | (J) General Merchandise | (S) Office Retail Store |
| (B) Chain Drug Store | (K) Government Services | (T) Parent Company |
| (C) Computer Store | (L) Grocery Store | (U) Property Management |
| (D) Convenience Store | (M) Hardware Store | (V) Restaurant |
| (E) Department Store | (N) Health Food Store | (W) Specialty Store |
| (F) Developer | (O) Home Improvement | (X) Sports/Athletic Store |
| (G) Discount Store | (P) Lumber/Bldg Materials Store | (Y) Wholesale Store |
| (H) Entertainment | (Q) Military Commissary | (Z) Other _____ |
| (I) Gas Station | (R) Movie Theater | |