



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

**Allied Corporate
 Membership
 Application
 (Vendor)**

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

First Name _____ Last Name _____ Birthday (month/day) ____ / ____
 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 ALLIED CORPORATE MEMBER: Allied Corporate membership is open to manufacturers, vendors, consultants, dealers and distributors of retail facility related products or services and property managers and developers of retail properties who provide products and services to retailers other than as landlord, property owner, or property manager. 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.

Please check membership category from the following and provide complete information (These rates are only valid with an Affidavit of Annual Sales Volume, signed by the Primary Member or a Corporate Officer. The affidavit is required for membership approval. Any discrepancies will result in termination of membership.):

- Category 1:** Annual Sales Volume \$0-\$500,000..... **Dues: \$500**
Includes: 1 voting member + up to 2 additional members (\$150 for each additional member after 2)
- Category 2:** Annual Sales Volume \$500,000-\$5 million **Dues: \$750**
Includes: 1 voting member + up to 2 additional members (\$150 for each additional member after 2)
- Category 3:** Annual Sales Volume \$5 million-\$25 million..... **Dues: \$1000**
Includes: 1 voting member + up to 2 additional members (\$150 for each additional member after 2)
- Category 4:** Annual Sales Volume \$25 million-\$100 million **Dues: \$1300**
Includes: 1 voting member+ up to 2 additional members (\$150 for each additional member after 2)
- Category 5:** Annual Sales Volume \$100 million-\$500 million **Dues: \$1600**
Includes: 1 voting member+ up to 2 additional members (\$150 for each additional member after 2)
- Category 6:** Annual Sales Volume \$500 million + **Dues: \$1950**
Includes: 1 voting member+ up to 2 additional members (\$150 for each additional member after 2)

Corporate Dues: \$ _____
 Additional Members not included in the corporate rate @ \$150 each
 _____ x \$150 = \$ _____
Total Due: \$ _____

Please include contact information for each of your additional members below. Attach an additional sheet if more room is needed.

Full Name _____ Title _____ Birthday (month/day) ____ / ____
 Mailing Address (if different from primary member) _____
 City _____ State _____ Zip _____
 Phone() _____ Secondary Phone() _____
 Fax () _____ Toll-free Phone () _____
 E-mail _____ Website _____

Full Name _____ Title _____ Birthday (month/day) ____ / ____
 Mailing Address (if different from primary member) _____
 City _____ State _____ Zip _____
 Phone() _____ Secondary Phone() _____
 Fax () _____ Toll-free Phone () _____
 E-mail _____ Website _____

3
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.
 Check Money Order (make check payable to PRSM)
 Debit Credit American Express Discover MasterCard VISA
All payments in US funds drawn on US banks. \$25 fee charged for returned checks.
 Credit Card Account # _____
 Exp. Date _____ 3-Digit Security Code _____ Amt to be charged \$ _____
 Cardholder's Name (Print) _____
 Billing Address _____
 City _____ State _____ Zip _____
 Authorized Signature _____

OFFICE USE ONLY
 RCVD _____
 AMT _____
 CK# _____
 ACKD _____

4 DEMOGRAPHICS INFORMATION: MANDATORY

1. Which areas do you serve?

United States (If certain states only please list them) _____

Canada

Puerto Rico

2. If you selected Canada or Puerto Rico, are you self-performing in those locations?

Yes No

3. What is your primary reason for joining PRSM? Please choose one.

Education

Career Development

Access to Industry Resources

Peer-to-Peer Networking

New Clients/Vendors

Other (please explain) _____

5 MEMBER CATEGORY: MANDATORY – Vendor Members must choose at least ONE and no more than SIX categories.

Please choose carefully because only the first six that you mark below will be listed. Attention! These categories have changed – failure to select new categories will affect your listing in the on-line membership directory!

- | | |
|---|--|
| <input type="checkbox"/> (001) Architect Design | <input type="checkbox"/> (043) Legal |
| <input type="checkbox"/> (002) Awning Maintenance | <input type="checkbox"/> (044) Lighting Controls |
| <input type="checkbox"/> (003) Building Materials/Manufacturer | <input type="checkbox"/> (045) Lighting Distribution |
| <input type="checkbox"/> (004) Building Materials Roofing – Sheet Metal | <input type="checkbox"/> (046) Lighting Maintenance/Repair |
| <input type="checkbox"/> (005) Carpets | <input type="checkbox"/> (047) Lighting Manufacturer |
| <input type="checkbox"/> (006) Chain Engineering Information Systems | <input type="checkbox"/> (048) Locksmith |
| <input type="checkbox"/> (007) Complete Service Management (CSM) | <input type="checkbox"/> (049) Maintenance Equipment |
| <input type="checkbox"/> (008) Computer Systems Consultant | <input type="checkbox"/> (050) Material Handling |
| <input type="checkbox"/> (009) Consultant | <input type="checkbox"/> (051) Mats |
| <input type="checkbox"/> (010) CSM Energy Management | <input type="checkbox"/> (052) Painting – Exterior |
| <input type="checkbox"/> (011) CSM Waste Management | <input type="checkbox"/> (053) Painting – Interior |
| <input type="checkbox"/> (012) Developer/Property Manager | <input type="checkbox"/> (054) Painting – Maintenance/Repair |
| <input type="checkbox"/> (013) Dock Equipment | <input type="checkbox"/> (055) Painting – Manufacturer |
| <input type="checkbox"/> (014) Door Manufacturer | <input type="checkbox"/> (056) Parking Lot – Cleaning |
| <input type="checkbox"/> (015) Doors Automatic | <input type="checkbox"/> (057) Parking Lot – Concrete Sealants |
| <input type="checkbox"/> (016) Doors Maintenance/Repair | <input type="checkbox"/> (058) Parking Lot – Maintenance/Repair |
| <input type="checkbox"/> (017) Electrical Manufacturer | <input type="checkbox"/> (059) Parking Lot – Resurfacing |
| <input type="checkbox"/> (018) Electrical Parts | <input type="checkbox"/> (060) Parking Lot – Striping |
| <input type="checkbox"/> (019) Electrical Maintenance/Repair | <input type="checkbox"/> (061) Pest Control – Exterior |
| <input type="checkbox"/> (020) Energy Management Systems | <input type="checkbox"/> (062) Pest Control – Interior |
| <input type="checkbox"/> (021) Engineering Consultant | <input type="checkbox"/> (063) Plumbing – Exterior |
| <input type="checkbox"/> (022) Executive Search Firm | <input type="checkbox"/> (064) Plumbing – Interior |
| <input type="checkbox"/> (023) Fire Protection | <input type="checkbox"/> (065) Plumbing – Maintenance/Repair |
| <input type="checkbox"/> (024) Fixtures – Exterior | <input type="checkbox"/> (066) Restaurant Equipment |
| <input type="checkbox"/> (025) Fixtures – Interior | <input type="checkbox"/> (067) Restaurant Maintenance/Repair |
| <input type="checkbox"/> (026) Fixtures – Supply House | <input type="checkbox"/> (068) Restaurant Parts |
| <input type="checkbox"/> (027) Flooring Care – Maintenance Products | <input type="checkbox"/> (069) Roofing Consultant |
| <input type="checkbox"/> (028) Flooring Maintenance/Repair | <input type="checkbox"/> (070) Roof – Installer |
| <input type="checkbox"/> (029) Flooring Manufacturer | <input type="checkbox"/> (071) Roof – Maintenance/Repair |
| <input type="checkbox"/> (030) General Contractor | <input type="checkbox"/> (072) Roof – Manufacturer |
| <input type="checkbox"/> (031) General Maintenance | <input type="checkbox"/> (073) Security Grilles |
| <input type="checkbox"/> (032) Glass/Windows Manufacturer | <input type="checkbox"/> (074) Security Systems Provider |
| <input type="checkbox"/> (033) Glass/Windows Maintenance/Repair | <input type="checkbox"/> (075) Security Systems Maintenance/Repair |
| <input type="checkbox"/> (034) HVAC Consultant | <input type="checkbox"/> (076) Signage – Exterior |
| <input type="checkbox"/> (035) HVAC Equipment | <input type="checkbox"/> (077) Signage – Interior |
| <input type="checkbox"/> (036) HVAC Maintenance/Repair | <input type="checkbox"/> (078) Signage – Maintenance/Repair |
| <input type="checkbox"/> (037) HVAC Manufacturer | <input type="checkbox"/> (079) Software Provider |
| <input type="checkbox"/> (038) HVAC Parts/Filters | <input type="checkbox"/> (080) Specialty Floors |
| <input type="checkbox"/> (039) Janitorial – Cleaning | <input type="checkbox"/> (081) Systems Manufacturer |
| <input type="checkbox"/> (040) Janitorial – Maintenance | <input type="checkbox"/> (082) Trash Compactors/Balers |
| <input type="checkbox"/> (041) Janitorial – Uniforms | <input type="checkbox"/> (083) Wood/Metal/Stone Maintenance |
| <input type="checkbox"/> (042) Landscaping Design/Maintenance | <input type="checkbox"/> (084) Other _____ |



**ALLIED CORPORATE MEMBERSHIP
AFFIDAVIT OF COMPANY ANNUAL SALES VOLUME***

_____ hereby declares and affirms the following:

Please print Company Name

1. Under PRSM Membership requirements, this company qualifies for Allied Corporate Membership with a Category **_____ status.
2. Our Company's Total Annual Sales Volume* for this most recent fiscal year is one of the following:
 - ** Category One \$0 - \$500,000
 - ** Category Two \$500,000 - \$5 Million
 - ** Category Three \$5 Million - \$25 Million
 - ** Category Four \$25 Million - \$100 Million
 - ** Category Five \$100 Million - \$500 Million
 - ** Category Six \$500 Million +
3. I declare that this information is current and accurate. Any information listed on this affidavit that is not correct may cause this PRSM membership application to be forfeited at any time without refund.
4. Provide evidence of your financial strength. Include recent annual report or equivalent information. If your organization is a subsidiary of a larger organization, information should be included for both the parent and subsidiary. If not publicly traded, please submit copies of your most recent annual or quarterly financial statements.

Primary Member / Corporate Officer:

Print Name _____

Title _____

Signature _____ Date _____

This form must accompany your membership application, must be signed by your company's Primary Member or a Corporate Officer and must include the financial information included in #4 above.

***Based on total corporate annual sales volume; not just that derived from the retail industry**