



**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 \_\_\_\_\_ Birth Date (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 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 in Section 6 on reverse side of form:

- Category 1:** Individual Professional Corporate Membership ..... Dues \$300  
*Includes 1 voting member*
- Category 2:** Professional Corporate Membership ..... Dues \$500  
*Includes 1 voting member + 1-4 additional members* (please include contact information on back)
- Category 3:** Professional Corporate Membership ..... Dues \$800  
*Includes 1 voting member + 5-10 additional members* (please include contact information on back)
- Category 4:** Professional Corporate Membership ..... Dues \$950  
*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 THREE from the list below.** These options have changed. Please choose carefully – only the first three marked will be listed.

<input type="checkbox"/> (A01) Apparel	<input type="checkbox"/> (D02) Developer/Property Mgr	<input type="checkbox"/> (H04) Houseware/Giftware	<input type="checkbox"/> (S01) Shoes
<input type="checkbox"/> (A02) Auto Aftermarket	<input type="checkbox"/> (D03) Discount Store	<input type="checkbox"/> (J01) Jewelry	<input type="checkbox"/> (S02) Specialty/Service Retail
<input type="checkbox"/> (B01) Book Store	<input type="checkbox"/> (G01) General Merchandise	<input type="checkbox"/> (M01) Movie Theater	<input type="checkbox"/> (S03) Sporting Goods
<input type="checkbox"/> (C01) Candy/Card/Gift/Novelty	<input type="checkbox"/> (G02) Gov't Svcs/Commissary	<input type="checkbox"/> (M02) Music/Video Store	<input type="checkbox"/> (T01) Toy/Hobby/Craft/Fabric
<input type="checkbox"/> (C02) Chain Drug Store/Pharmacy	<input type="checkbox"/> (G03) Grocery Store/Supermarket	<input type="checkbox"/> (O01) Office Product/Stationery	<input type="checkbox"/> (W01) Wholesaler
<input type="checkbox"/> (C03) Consumer Electronics	<input type="checkbox"/> (H01) Health Food Store	<input type="checkbox"/> (O02) Optical	<input type="checkbox"/> (O03) Other _____
<input type="checkbox"/> (C04) Convenience Store/Gas Station	<input type="checkbox"/> (H02) Home Center & Hardware	<input type="checkbox"/> (P01) Pet Store	
<input type="checkbox"/> (D01) Department Store	<input type="checkbox"/> (H03) Home Furnishings	<input type="checkbox"/> (R01) Restaurant Chain	

**4 IMPORTANT!**  
 The information shown on this form is how your contact information will appear for all who access it online. 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 \_\_\_\_\_

5

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) \_\_\_\_\_
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 \_\_\_\_\_

6

DEMOGRAPHIC INFORMATION: MANDATORY

1. How did you hear about PRSM? Please choose one.

- Direct Mail E-mail PRSM Website Phone
Colleague Please list their name so that we may thank them!
Other

2. 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

3. Average square footage of stores. Please choose one.

- Less than 5,000 5,000-9,999 10,000-19,999 20,000+

4. Total Number of Stores/Outlets your FM Department oversees. Please choose one.

- 1 2-50 51-100 101-500 501-1,000 1,001-5,000 Over 5,000

5. What is your total annual FM Departmental budget? Please choose one.

- Under \$1 Million \$1-5 Million \$5-10 Million
\$10-20 Million \$20-50 Million \$50-100 Million Over \$100 Million