

1 CONTACT INFORMATION *(Please Print/Type Clearly)*

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone (_____) _____ Fax (_____) _____

E-mail _____ @ _____ Web _____

Completing this form serves Management notice that you agree to be contacted by mail/phone/fax and/or e-mail.

2 Dues: \$150

Anniversary Year Membership - URA's membership run on an anniversary date. Membership is valid one year from the join date. Accepted membership applications are **non-refundable**.

The Uniform Retailers Association (URA) is a nonprofit organization dedicated to the growth and prosperity of the independent uniform retailer. I certify that the company listed above is an independent uniform retailer.

Signature _____ Date _____

3 METHOD OF PAYMENT *(payment due at time of order)*

Check (Make check payable to **URA**)

To pay by credit card, please visit www.UniformRetailers.org and join online. URA currently accepts the following credit cards: American Express, Discover, MasterCard and VISA. URA is unable to accept cred cards by phone, fax, e-mail or mail.

Please contact the URA office at (614) 721-0777 if you have any questions or have trouble logging in.

We appreciate your support of the Uniform Retailers Association.

Send Completed form to:

Uniform Retailers Association (URA)
PO Box 267
Baltimore, OH 43105-9998
Phone/Fax: (614) 721-0777
Toll Free: (866) 775-0080
E-mail: URA@UniformRetailers.org ~ Web site: www.UniformRetailers.org

FOR OFFICE USE ONLY
Acct. Code: 191

Recd _____ Ck# _____

Amt _____ Ackd _____