

Associate or Sales Representative Membership Application



Company Name			
Contact Name	Title		Phone
Mailing Address			Fax
City	State/Province	Zip + 4 Postal Code	Country
Email Address	Website		Cell (optional)

Associate Membership is open to any company that pays the annual dues to the Association and has, as part of its business, a supporting interest in the futon and specialty sleep industry. Associate Members receive all informational mailings and the membership directory. Associate Members do not receive the standard benefits package, are not able to nominate or be nominated for the Board of Directors and vote or participate in elections or receive booth discounts at the Futon Expo and Specialty Sleep Show.

Total to Pay
\$110.00

Associate Membership annual dues are \$110.00. Fees listed are for one year (\$US only).

Sales Representative Membership is open to any individual that pays annual dues to the Association and has business in the futon and specialty sleep industry. Your rights and privileges as a Sales Representative Member of the FAI, include the right to nominate, or be nominated (after 1 year of membership) for the Board of Directors and vote for and otherwise participate in elections held once a year. Sales Representative Members do not receive the standard benefits package or booth discounts at the Futon Expo and Specialty Sleep Show.

Total to Pay
\$125.00

Sales Representative Membership annual dues are \$125.00. Fees listed are for one year (\$US only).

Additional Information: Company philosophy, description of company and goods offered, etc. Use this section for your company promotional information (limit to 250 characters):

Enclosed is my check payable to FAI or charge my: **VISA** **Mastercard** **American Express** **Discover Card**

Card # _____ Expiration Date _____

Cardholder Name _____ Signature _____

Yes, I want the FAI Directory. I acknowledge that the Directory information has been compiled, prepared and is owned by the Futon Association International. My signature below indicates my agreement to use this information only for the purposes of my company, and I will not disseminate, sell, lease or loan this information to any other business or entity; nor will I release this information for use or perusal by trade or non-profit organization other than the Futon Association International.

Date _____ Signature _____ Title _____

Return application with payment to: Futon Association International • 10705-7 Rocket Boulevard • Orlando, Florida 32824
voice 800.327.3262 • fax 866.595.1355 • www.futon.org