

PRODUCT MANUFACTURER MEMBERSHIP APPLICATION

Please complete this form and return by fax to (703) 841-1184. Please include a short (50 word) company description that will be used in your member profile. For more information, contact RILA's retail membership team at (703) 841-2300.

COMPANY INFORMATION*

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Main Phone: _____ Main Fax: _____ Company Web site: _____

**This should be the main company headquarters information.*

CONTACT INFORMATION

Primary Company Contact Name*: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Dues Contact Name*: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

**The primary company contact will receive all RILA correspondence and information to pass on to relevant individuals within the company. (We will also send RILA materials directly to other executives based on their job functions and interests.) The dues contact is the individual who should receive invoices for dues payment.*

PRODUCT MANUFACTURER MEMBERSHIP DUES INFORMATION

Dues are determined based on annual revenue. Please refer to the rate schedule below to establish your applicable payment.

Please Circle Annual Revenue

Annual Revenue	Annual Dues 2009
\$100 - 500 million	\$2,500
\$500 m - 1 billion	\$5,000
\$1 - 5 billion	\$7,500
\$5 - 10 billion	\$12,500
\$10 - 25 billion	\$17,500
Over \$25 billion	\$25,000

For those product manufacturer companies interested in having the opportunity to participate in the strategy and public policy direction of the association, the Board of Directors has established the Premier level of membership.

Premier Members pay flat dues of \$125,000 a year. This membership tier is extended as an invitation of the Board of Directors Nominating Committee. Companies may express their interest to Giorgia Sumilas, director of membership, at giorgia.sumilas@rila.org in order to provide information to the Nominating Committee.

Dues payments to trade associations, such as RILA, are generally deductible as an ordinary business expense for federal income tax purposes. However, under the Omnibus Budget Reconciliation Act of 1993, such income tax deduction is denied for the portion of your dues attributable to expenses incurred for the purpose of lobbying or intervening in an election. RILA estimates that 65% of your dues will be attributable to lobbying expenses. Therefore, 65% of these dues are non-deductible for federal income tax purposes.

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BUSINESS INFORMATION

Individual company information will be held in strict confidence. RILA uses this information to cumulatively tally the size and scope of our membership.

Does RILA have your permission to use your company logo on our website in order to recognize your membership in RILA? If yes and your logo is not available on your company website, please send the logo in JPEG and EPS formats to erin.byrne@rila.org.

- Yes, I am sending the logo via email in JPEG and EPS formats. No, you do not have permission to use our logo.
 Yes, please get the logo from our company website or contact:

_____ for our logo.

	(name)		(title)		(email)
Our company is (<i>check one</i>):	Product Lines:				
<input type="checkbox"/> Public	_____				
<input type="checkbox"/> Private	_____				
<input type="checkbox"/> Non-Profit	_____				

Do you have retail outlets? Yes No

If yes, please list:

Name	Number of Stores	Annual Sales	Number of Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERSHIP PAYMENT

Checks:

Please submit checks payable to "Retail Industry Leaders Association" (indicate in memo section: MEMB) to:
 Retail Industry Leaders Association • P.O. Box 418421 • Boston, MA 02241-8421

Credit Card:

Please charge my: VISA MasterCard AMEX TOTAL: \$ _____

Card #: _____ Exp.Date: _____ CVC: _____

Name on Card: _____

Company Name: _____

Billing Address: _____

Signature: _____ Title: _____

Please remit this information to: Retail Industry Leaders Association • P.O. Box 418421 • Boston, MA 02241-8421
 Or by fax to: 703-841-1184

I hereby certify that all the information contained on this application is complete and correct to the best of my knowledge.

Print Name: _____ Signature: _____ Date: _____