



ASSOCIATION OF CLOSET AND STORAGE
PROFESSIONALS

Membership Application

Indicate your membership category by marking an "X" in a box below

- \$395 - Regular Member** - Business entities engaged in selling and installing closets and interior storage solutions to end-users
- \$450 - Supplier Member** - Manufacturers, suppliers and other industry service providers
- \$195 Associate Member** - Designers, architects, installers, professional organizers and other individuals providing closet related services
- \$50 Student Member** - Those individuals studying any of the fields eligible for Associate membership.

Company Information

Company: _____

Main Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Fax: _____

Email: _____ Website: _____

Do you manufacture? Yes No Total number of employees: _____

Year business established: _____ Are you the original owner? _____

Major Suppliers: _____

What Percentage of your business is *(total should equal 100%)*

Wire _____ Laminate _____ Veneer _____

Ventilated Steel _____

Do you have a showroom? Yes No If so, how many _____

Approximate Annual Sales: (please mark the box which best describes your annual sales.)

- Less than \$250,000 per year
- \$251,000 - \$1,000,000 per year
- \$1,100,000 - \$2,500,000 per year
- \$2,500,000 - \$5,000,000 per year
- \$5,100,000 - \$10,000,000 per year
- \$10,000,000 or more per year

Payment Information

Enclosed is my check made payable to ACSP \$ _____

Please charge my: Visa Mastercard American Express

Card Number: _____ Exp. Date: _____

Signature: _____ CVV2 #: _____

Specific company information that you provide will not be shared with anyone outside of the Association management team. However, cumulative data or statistics without any individual company identification may be used for educational or public information purposes.