



ASSOCIATION OF CLOSET AND STORAGE PROFESSIONALS

Membership Application

Please indicate your membership category by marking an "X" in one of the boxes below

- Membership categories: Regular Member, Associate Member.

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 _____

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

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

- Annual sales ranges: Less than \$250,000, \$251,000 - \$1,000,000, \$1,100,000 - \$2,500,000, \$2,500,000 - \$5,000,000, \$5,100,000 - \$10,000,000, \$10,000,000 or more per year.

Referred By: _____ (company name)

(contact person)

Payment Information

Enclosed is my check made payable to ACSP \$ _____

Please charge my: [] Visa [] Mastercard [] American Express

Card Number: _____ Exp. Date: _____

Signature: _____

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.

For office use only:

Membership ID Number _____ Date Received _____

Date Entered _____ Date Membership Packet Sent _____