



PROFESSIONAL RETAIL STORE MAINTENANCE ASSOCIATION

Membership Department
PO Box 226125, Dallas, TX 75222-6125
Ph: 972.231.9810 Fax: 972.231.4081
Email: Membership@prsm.com Website: www.prsm.com

2016 SUPPLIER CORPORATE MEMBERSHIP APPLICATION

PRIMARY MEMBER INFORMATION

A Primary Member must be appointed for your company. This individual will represent your company by voting in PRSM Association elections and serving as the point person for all PRSM communications. All fields must be completed for processing.

Company
First Name Last Name Birth Date (MM/DD)
Title Primary Responsibility
Primary Address
City State Zip Code
Phone Toll Free Fax
Email Website
Signature (or Print Name)

Your signature above serves notice that you have verified that the information provided on this form is accurate. It also serves as a consent by you and any additional members to receive communications from the Association by mail, phone, fax, and email, including communications promoting Association conferences, products, and services as well as subscription to the PRSM X-Change community forums.

PRIMARY REASON IN JOINING PRSM:
Access to Industry Resources Career Development/Education New Clients
Peer-to-Peer Networking Other (Please specify)

MEMBERSHIP CATEGORY

Membership is based on calendar year, expiring on December 31, 2016.

SUPPLIER CORPORATE MEMBERSHIP is open to manufacturers, vendors, consultants, dealers and distributors of retail facility related products or services, and property managers and developers of retail properties who provide products and services to retailers other than as landlord, property owner, or property manager. It is open to more than one (1) designee employed at the same company; provided, however, there shall be only one (1) voting member per company. The Board may, at its discretion, establish categories and a pricing structure within the Supplier Corporate Membership class.

These dues are only valid with an Affidavit of Annual Sales Volume, signed by the Primary Member or Corporate Officer. The affidavit is required for Membership approval/processing. Any discrepancies will result in termination of Membership.

Please select your company's Membership Category from the following. Dues are based in US Dollars.

Category 1: Annual Sales Volume \$0 - \$5 Million Includes 1 primary/voting member + up to 2 additional members \$ 1,000
Annual Sales Volume Less than \$500,000 Annual Sales Volume Greater than \$500,000
Category 2: Annual Sales Volume \$5 Million - \$ 100 Million Includes 1 primary/voting member + up to 2 additional members \$ 2,000
Category 3: Annual Sales Volume Over \$100 Million Includes 1 primary/voting member + up to 2 additional members \$ 3,000
Additional dues of \$100 for each member after the first 3 members. TOTAL DUES: \$

ADDITIONAL MEMBER INFORMATION

All fields must be completed for processing.

First Name Last Name Birth Date (MM/DD)
Title Primary Responsibility
Primary Address
City State Zip Code
Phone Fax Email

PRIMARY REASON IN JOINING PRSM:
Access to Industry Resources Career Development/Education New Clients
Peer-to-Peer Networking Other (Please specify)

ADDITIONAL MEMBER INFORMATION

All fields must be completed for processing.

First Name Last Name Birth Date (MM/DD)
Title Primary Responsibility
Primary Address
City State Zip Code
Phone Fax Email

PRIMARY REASON IN JOINING PRSM:
Access to Industry Resources Career Development/Education New Clients
Peer-to-Peer Networking Other (Please specify)

**MEMBER DEMOGRAPHICS**

All fields must be completed for processing.

**SUPPLIER TRADE CATEGORY**

Choose at least one (1) and no more than six (6) categories.

**CSM (Complete Service Management)**

- General/Domestic
- Energy Management
- International
- Waste Management

**CONSULTANTS**

- Architecture
- ACH (Asbestos Containing Materials)/ CIH (Certified Industrial Hygienist)
- Energy Management
- Engineering
- Environmental/Sustainability
- Executive Search
- Facility Assessment
- HVAC
- Janitorial
- Paving
- Project Management
- Project Rollout
- Real Estate Developer
- Roofing
- Technology
- Vertical Transportation

**EMERGENCY SERVICES**

- Disaster Preparedness
- Disaster Restoration/Recovery
- Haz Mat

**MANUFACTURERS**

- Building Materials
- Cleaning Products/Equipment
- Docks
- Doors & Locks
- Electrical
- EMS/Energy Monitoring
- Flooring
- Glass/Windows
- HVAC
- Lighting
- Painting
- Refrigeration
- Roof
- Signage

**SECURITY**

- Doors
- Grilles
- Locks
- Monitoring

**SERVICES**

- Energy Utility & Procurement
- Facilities Call Center
- General Contractor
- Other \_\_\_\_\_

**MAINTENANCE & REPAIRS**

- Awning
- Bird Exclusion/Control
- Building Envelope
- Cleaning Products
- Doors/Gates
- Electrical
- Elevators/Escalators
- EMS (Energy Management Systems)
- Equipment
- Fences
- Fire Protection
- Fixtures
- Flooring (Carpets/Concrete/ Hardwoods/Mats/Tiles)
- General Maintenance
- Glass/Windows
- Graffiti
- Handyman
- HVAC
- Janitorial
- Landscaping (& Design)
- Lighting
- Loading Dock Equipment
- Locksmith
- Painting
- Parking Lot & Sidewalks
- Pest Control
- Plumbing
- Refrigeration
- Restaurant (Specialty Equipment)
- Roofing
- Security
- Signage
- Snow Removal
- Specialty Items
- Walls/Ceilings

**SUSTAINABILITY**

- Green Chemicals
- Onsite Renewable Energy Options (Other Renewables)
- Recycling
- Solar
- Storm Water
- Waste

**TECHNOLOGY**

- CMMS (Commercial Maintenance Mgmt System)
- Hardware
- MIS Systems
- Software (Other than CMMS)
- Voice & Data

**WASTE MANAGEMENT**

- General
- Trash Compactors/Balers/Liners

**SERVICE TYPE**

**SELF-PERFORMING:**  United States (If certain states only, please specify) \_\_\_\_\_

Canada  Puerto Rico  International (Please specify) \_\_\_\_\_

**SUB-CONTRACTING:**  United States (If certain states only, please specify) \_\_\_\_\_

Canada  Puerto Rico  International (Please specify) \_\_\_\_\_

**HOW DID YOU HEAR ABOUT PRSM?**

Direct Mail  E-mail  PRSM Website  Phone  Colleague \_\_\_\_\_  Other \_\_\_\_\_

**PAYMENT INFORMATION**

Application cannot be processed without payment.

Contributions (dues) or gifts to the Professional Retail Store Maintenance Association are not tax deductible as charitable contributions for U.S. Federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code. PRSM is a 501 c(6) trade association.

**Check** Please make check payable to PRSM Association and mail to: PO Box 226125, Dallas, TX 75222-6125

**CREDIT CARD INFORMATION**

American Express  MasterCard  VISA

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Dues to be charged \$ \_\_\_\_\_

Cardholder's Name (Print) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cardholder's Signature (or Print Name) \_\_\_\_\_

Application will not be processed without cardholder's signature.

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Date Processed: \_\_\_\_\_ By: \_\_\_\_\_



**SUPPLIER CORPORATE MEMBERSHIP**  
**AFFIDAVIT OF COMPANY ANNUAL SALES VOLUME**

\_\_\_\_\_ hereby declares and affirms the following:

*(Company Name)*

- I. Under the PRSM Membership requirements, this company qualifies for Supplier Corporate Membership with the selected category status below.
- II. This company's total annual sales volume (not just that derived from the retail industry) for the most recent fiscal year is:
  - Category 1:** Annual Sales Volume \$0 - \$5 Million
    - Annual Sales Volume Less than \$500,000
    - Annual Sales Volume Greater than \$500,000
  - Category 2:** Annual Sales Volume \$5 Million - \$100 Million
  - Category 3:** Annual Sales Volume Over \$100 Million
- III. I declare that this information is current and accurate. Any information provided on this affidavit that is not correct may cause this PRSM Membership to be forfeited at any time without refund.
- IV. If the organization is a subsidiary of a larger organization, information should be included for both the parent and subsidiary. PRSM may request for evidence of financial strength (such as the company's annual report for the most recent fiscal year or equivalent information).

**Primary Member/Corporate Officer**

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This form **must** accompany your PRSM Membership application signed by your company's Primary Member or Corporate Officer.*