

# Instructions for Membership Application

1. Please make sure all information is completed and be sure to check all appropriate categories. No action will be taken on your request for membership until all of the following requirements are met.

2. NAGMR's By-Laws state the following:

“ARTICLE IV. MEMBERSHIP. SECTION 1. REGULAR MEMBERSHIP.

Regular Membership shall be available only to sole proprietorships, partnerships and corporations doing business as consumer product brokers. For the purpose of membership, a consumer product broker shall be defined as: a sole proprietorship, partnership or corporation actively engaged in performing the service of the sale and distribution, on behalf of others, of health and beauty aids or general merchandise which are made available by others, with said consumer product brokers operating at their own risk and expense and generally receiving commission as their compensation”.

3. Please attach one letter from each of the following: (each letter should outline very briefly their relationship with your firm)

A. A sponsoring NAGMR member from within your region.

B. A principal reference from within the Health & Beauty Care or General Merchandise field that you currently represent.

4. Upon receipt of this application, required reference letters, \$500 first year membership dues (plus \$250.00 for each Satellite Office), and initiation fee (if any), your firm will have a provisional membership in NAGMR until the application is reviewed by the NAGMR Board of Directors at their next bi-annual meeting.

5. Please make your check payable to:

NAGMR Membership Committee

Attn: Joe Murphy

13041 W. Linebaugh Ave.

Tampa, FL 33626

Phone: 813-806-9604

Fax: 813-806-9405

Email: [joe.murphy@cranesalescompany.com](mailto:joe.murphy@cranesalescompany.com)



NAGMR  
CONSUMER PRODUCTS BROKERS

**THE FOLLOWING INFORMATION WILL BE LISTED IN THE CURRENT MEMBERSHIP ROSTER**

Indicate the regions below for your geographic region of MEMBERSHIP or list states you cover within that region

**Maximum Geographic Coverage That Can Be Listed For Each Region:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Southeastern Region | <input type="checkbox"/> New England Region    | <input type="checkbox"/> National      |
| <input type="checkbox"/> Southwestern Region | <input type="checkbox"/> New York Region       | <input type="checkbox"/> Master Broker |
| <input type="checkbox"/> Midwestern Region   | <input type="checkbox"/> Rocky Mountain Region |  |
| <input type="checkbox"/> Mid-Atlantic Region | <input type="checkbox"/> Western Region        |  |

**Product Categories** – Our firm is presently representing:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Health & Beauty Care | <input type="checkbox"/> General Merchandise | <input type="checkbox"/> Private Label       |
| <input type="checkbox"/> Food, Snacks, Candy  | <input type="checkbox"/> School Supplies     | <input type="checkbox"/> Housewares-Hardware |

**Services Offered** – Our firm offers:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Headquarter Contact | <input type="checkbox"/> Planogramming                |
| <input type="checkbox"/> Direct Stores Sales    | <input type="checkbox"/> EDI                 | <input type="checkbox"/> Retail Merchandising Support |

**Classes of Trade** – Our firm covers:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Convenience Stores | <input type="checkbox"/> Food Trade            | <input type="checkbox"/> Military        |
| <input type="checkbox"/> Department Stores  | <input type="checkbox"/> Hardware/Housewares   | <input type="checkbox"/> Wholesale Clubs |
| <input type="checkbox"/> Dollar Stores      | <input type="checkbox"/> Mass Volume Retailers | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Drug Trade         |  |  |

**THE FOLLOWING INFORMATION WILL NOT BE PRINTED IN THE ROSTER**

**Allied Association Index** – Our firm is also a member or associate member of:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Association of Sales & Marketing Companies (ASMC) | <input type="checkbox"/> International Mass Retailers Association (IMRA)               | <input type="checkbox"/> National Wholesale Druggists Association (NWDA)        |
| <input type="checkbox"/> American Hardware Manufactures Association (AHMA) | <input type="checkbox"/> NARD  | <input type="checkbox"/> Non-prescription Drug Manufacturing Association (NDMA) |
| <input type="checkbox"/> Automotive Service Industry Association (ASIA)    | <input type="checkbox"/> National Association of Retail Merchandising Services (NARMS) | <input type="checkbox"/> Private Label Manufacturers Association (PLMA)         |
| <input type="checkbox"/> General Merchandise Distributors Council (GMDC)   | <input type="checkbox"/> National Association of Chain Drug Stores (NACDS)             | <input type="checkbox"/> Manufacturers' Agents National Association (MANA)      |
|  | <input type="checkbox"/> National Housewares Manufacturers Association (NHMA)          | <input type="checkbox"/> Other  |

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**Satellite Offices**

1. Satellite Office Name \_\_\_\_\_  
Main Contact \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Web Site URL: \_\_\_\_\_

States Covered: \_\_\_\_\_  
\_\_\_\_\_

Sales Personnel: \_\_\_\_\_  
\_\_\_\_\_

2. Satellite Office Name \_\_\_\_\_  
Main Contact \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Web Site URL: \_\_\_\_\_

States Covered: \_\_\_\_\_  
\_\_\_\_\_

Sales Personnel: \_\_\_\_\_  
\_\_\_\_\_

3. Satellite Office Name \_\_\_\_\_  
Main Contact \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Web Site URL: \_\_\_\_\_

States Covered: \_\_\_\_\_  
\_\_\_\_\_

Sales Personnel: \_\_\_\_\_  
\_\_\_\_\_

4. Satellite Office Name \_\_\_\_\_  
Main Contact \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Web Site URL: \_\_\_\_\_

States Covered: \_\_\_\_\_  
\_\_\_\_\_

Sales Personnel: \_\_\_\_\_  
\_\_\_\_\_

*(Please attached additional page if necessary)*