

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: Ron Ross

1037 Route 46 East

Suite C101

Clifton, NJ 07013

Phone: 973-778-0046

Fax: 973-778-1030

Email: ronr@performancesales.com

NAGMR
CONSUMER PRODUCTS BROKERS

Application for Membership

(List all information as you want it to appear on the NAGMR Web Site)

(Please print or type)

Person Completing This Application: _____
(Name) (Title)

Main Contact (Individual to receive all information from NAGMR HQ) _____

Membership to be in the FIRM NAME of: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email Address: _____ Web Site URL: _____

Sole Proprietorship _____ Partnership _____ Corporation _____

In Business Since (Month and Year Firm Began): _____

Does Firm Operate Branch Offices: Yes _____ No _____

(The annual dues for satellite offices are \$250.00 each. If you want your satellite offices listed on the NAGMR Web Site, please complete page 4 of this application and be sure to include \$250.00 additional dues for each satellite office).

Total Sales Personnel Including Offices: _____ Total Office Personnel: _____

List Officers and all Sales Personnel and Their Respective Titles:

Officers / Sales Personnel	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Sponsor: NAGMR Member Firm Reference:

Company: _____
Individual: _____
Address: _____

Reference, Principal: (Must be principal whom you are currently representing in Health and Beauty Care and/or General Merchandise)

Company: _____
Individual: _____
Address: _____

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 |

NAGMR
CONSUMER PRODUCTS BROKERS

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)