

Society of Manufacturers' Representatives, Inc.  
920 East Lincoln, Birmingham, MI 48009  
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## MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ MI Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Year business established: \_\_\_\_\_ # of employees: \_\_\_\_\_

Territory: \_\_\_\_\_

### OWNER/OFFICER INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Number of years as Manufacturers' Representative: \_\_\_\_\_

Three major product categories represented by your agency:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Your website and product categories will appear on our Online Directory, if approved by you. Please indicate: ( ) OK to publish online ( ) DO NOT publish online

What do you hope to gain from membership in SMR? \_\_\_\_\_  
\_\_\_\_\_

If my application is approved, I agree to abide by the SMR Constitution & By-Laws

Signature: \_\_\_\_\_ Sponsor: \_\_\_\_\_ (optional)

As an SMR member, you will be on SMR's mailing list to receive emails and/or faxes on various programs, opportunities and services offered to members.

I give SMR permission to:      email                    Fax

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Dues are \$215.00 per year. Your check for a full year, payable to SMR must accompany this application or complete the credit card information below.

Name on Credit Card: \_\_\_\_\_

MasterCard            Visa

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

You will be notified of membership after your application has been reviewed by the SMR Board of Directors.