

Please complete all of the following:

Company Name: _____
Company Contact (one only please): _____ **Title:** _____
Mailing Address: _____
Street Address: _____
City/State/Zip/Country: _____
Phone: _____ **Toll Free:** _____
Fax: _____ **E-mail:** _____
Website: _____
Year Business Founded: _____ **Number of Employees:** _____
Contact's Signature: _____ **Today's Date:** _____

We are: GSA Certified ISO Approved Rental House

Business Subjects of Special Interest: _____

Names & Titles of Partners, Owners, & Officers: _____

Other National Trade Association Memberships: _____

Annual Sales Volume (Optional):

- Under \$249,000 \$2,000,000-\$2,999,999
- \$250,000-\$499,999 \$3,000,000-\$4,999,999
- \$500,000-\$999,999 \$5,000,000-\$7,999,999
- \$1,000,000-\$1,999,999 More than \$8,000,000

Rank Top 5 Choices for Convention Sites:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Anaheim | <input type="checkbox"/> New Orleans |
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> New York |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Orlando |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Phoenix |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Reno |
| <input type="checkbox"/> Dallas | <input type="checkbox"/> San Antonio |
| <input type="checkbox"/> Denver | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Las Vegas | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Washington D.C. |
| <input type="checkbox"/> Miami | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nashville | _____ |

Payment Information

- STAFDA may invoice our company for the \$350 (U.S.) Annual Dues
- Check enclosed for \$350 (U.S.)
- Please charge the \$350 (U.S.) dues to my credit card:
 - American Express Discover
 - MasterCard Visa

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Please Attach Your Business Card Here

Please return this completed application to:

Mail: Georgia H. Foley, Executive Director
STAFDA
P.O. Box 44 ♦ 500 Elm Grove Rd., Ste. 210
Elm Grove, WI 53122-0044 U.S.A.
E-Mail: info@stafda.org
Fax: 262/784-5059