

RAM MEMBERSHIP APPLICATION

CONTACT INFORMATION [Please Print]

BUSINESS NAME	DBA (IF APPLICABLE)	
MAILING ADDRESS	CITY & STATE	ZIP
FIRST NAME	LAST NAME	
TITLE	EMAIL	
PHONE	FAX	
BUSINESS WEBSITE	FEDERAL TAX ID NUMBER	
BUSINESS STREET ADDRESS <small>(if different from above)</small>	CITY & STATE	ZIP

BUSINESS INFORMATION

PLEASE INDICATE TYPE OF BUSINESS

NUMBER OF LOCATIONS IN MA	NUMBER OF EMPLOYEES IN MA
NUMBER OF FULL-TIME EMPLOYEES	NUMBER OF PART-TIME EMPLOYEES

(Optional) Is your business [Minority LGBTQ Veteran Woman] -owned?

BROKER

AGENCY NAME	PHONE	
BUSINESS STREET ADDRESS	CITY & STATE	ZIP

PAYMENT TYPE

Check Enclosed (please make payable to Retailers Association of Massachusetts)

Visa Mastercard AMEX

CARD #	EXPIRATION DATE
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SIGNATURE



RETAILERS ASSOCIATION
OF MASSACHUSETTS

18 Tremont Street, Suite 810
Boston, Massachusetts 02108

COVE RISK POLICY NUMBER

MEMBERSHIP DUES

NEW MEMBER

First Year Dues: \$50
Second Year Dues: \$125

THIRD YEAR & BEYOND

Third year and beyond: Suggested annual dues based on gross sales amount in Massachusetts. Minimum required \$175.

GROSS SALES	DUES
Up to \$500,000	\$175
\$500,000 - 1,000,000	\$225
\$1,000,000 - 1,500,000	\$275
\$1,500,000 - 2,500,000	\$500
\$2,500,000 - 5,000,000	\$1,000
\$5,000,000 - 7,500,000	\$1,500
\$7,500,000 - 10,000,000	\$2,000
Over \$10,000,000	\$2,000
+ \$1,000 per additional \$10M in sales	

www.retailersma.org

I have read this application, and I understand my membership dues are not predicated on being accepted for any membership service or program and are not refundable. I also understand that my membership is subject to approval by the RAM Board of Directors and if at any time my business fails to meet the criteria of a Regular Member, my membership in the Retailers Association of Massachusetts and my participation in membership services is subject to termination.

SIGNATURE - OWNER OF BUSINESS

DATE