



MEMBERSHIP APPLICATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL. NOS.:  
Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell. \_\_\_\_\_ E-mail address: \_\_\_\_\_

I represent the following collections (companies):

	Name	since (date)	I have a signed contract
1-	_____	_____	_____
2-	_____	_____	_____
3-	_____	_____	_____
4-	_____	_____	_____

I cover the following territory: \_\_\_\_\_

Membership fees: \$ 500.00 + 25,00\$ TPS (5%) +49,88\$ TVQ (9,975%) = \$ 574,88\$

**We accept Check**

CHECK PAYABLE To ARVEQ Inc.    TPS: 100235191-RT0001 TVQ: 1012599338-TQ0001

CONDITIONS FOR ADMITTANCE

1. Must be an agent/salesperson operating his/her own business for at least 12 months.
2. Must have sold principally in the Province of Quebec for a period of 12 months immediately prior to the application, operating his/her own business.
3. 75% of the prospective member's income must derive from the sale of women's clothing/accessories.

Having filled out this application form does not constitute acceptance, as a reasonable delay is necessary from the time the supporting documents are received. The decision of the executive committee will be transmitted in writing to the address submitted above.

I agree to respect the attached regulations. It is understood that the cost of the hotel room and other costs will be paid by each member, as well as registration for the markets.

I am herewith submitting my application to become a member of the Apparel Salesmen's Markets inc.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_