



## 2010 Membership Application

<i>Company Name</i>		<i>Date</i>													
<i>Billing Address</i>		<i>Attention (Contact Person)</i>													
<i>City, State, Zip</i>		<i>Country</i>	<i>Phone</i>												
<i>E-mail Address</i>	<i>Company Website</i>		<i>Fax</i>												
<i>Please provide a brief description of company products and services to be included in the annual membership roster (250 characters or less)</i>															
<p><b>MEMBERSHIP TYPE:</b> <i>(Please mark the appropriate membership box)</i></p> <p><input type="checkbox"/> <b>Associate Membership \$1,450</b> — any person, firm or corporation engaged in selling merchandise, machinery, or services to dust control, linen and towel supply firms and industrial launderers shall be eligible as an Associate member of ITRA. Membership dues include a \$250 convention sponsorship fee.</p> <p><input type="checkbox"/> <b>Active Membership</b> — any person, firm or corporation engaged in the dust control, linen and towel business or industrial laundering is eligible to become a member of this Association. Annual dues are based on the total number of routes for all plants, if you are a multi-plant operation.</p> <table style="margin-left: 40px; width: 80%;"> <tr> <td><input type="checkbox"/> 5 Routes &amp; Under</td> <td>\$600</td> <td><input type="checkbox"/> 16-25 Routes</td> <td>\$900</td> </tr> <tr> <td><input type="checkbox"/> 6-10 Routes</td> <td>\$700</td> <td><input type="checkbox"/> 26-50 Routes</td> <td>\$1,000</td> </tr> <tr> <td><input type="checkbox"/> 11-15 Routes</td> <td>\$800</td> <td><input type="checkbox"/> 51+ Routes</td> <td>\$1,350</td> </tr> </table>				<input type="checkbox"/> 5 Routes & Under	\$600	<input type="checkbox"/> 16-25 Routes	\$900	<input type="checkbox"/> 6-10 Routes	\$700	<input type="checkbox"/> 26-50 Routes	\$1,000	<input type="checkbox"/> 11-15 Routes	\$800	<input type="checkbox"/> 51+ Routes	\$1,350
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<b>Membership Fee: \$</b>		<b>How did you hear about ITRA?</b>													
<input type="checkbox"/> Check Enclosed <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> American Express            (If paying by credit card, you may fax completed form to 706-637-8875)															
<i>Card Number</i>			<i>Expiration Date</i>												
<i>Cardholder Name</i>		<i>Authorized Signature</i>													

I have read the above and wish to join the **Independent Textile Rental Association**. I also give my consent to receive faxes and emails from ITRA regarding matters pertaining to the Association.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please be sure to complete this form, sign it, and send it with your check made payable to **Independent Textile Rental Association** to:

Independent Textile Rental Association  
 P.O. Box 190  
 Hogansville, GA 30230

Phone: 800/477-7843 · Fax: (706) 637-8875  
 Email: info@itra.us · Website: www.itra.us

Please provide the following information for each person within your organization who should receive ITRA mailings and newsletters.

<i>First Name</i>		<i>Last Name</i>	
<i>Mailing Address</i>		<i>City/State/Zip</i>	
<i>Phone</i>	<i>Toll-Free #</i>	<i>FAX #</i>	
<i>Web Site</i>		<i>Listed in Roster?   r Yes   r No</i>	
<i>E-Mail Address</i>			

<i>First Name</i>		<i>Last Name</i>	
<i>Mailing Address</i>		<i>City/State/Zip</i>	
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