



# MEMBER INFORMATION FORM

Vendor Name  URL:

Address1

Address2

City  State  Zip

Corporate Contact  Phone

Email  Fax

Newsletter?  Yes  No    Hard Copy?  Yes  No    Electronic Format?  Yes  No  
Electronic Discussion List?  Yes  No

Product Lines

<b>Vendor Rep</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		First	Last
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>Email</b>
<b>Area Covered</b>	<input type="text"/>		
<b>Newsletter?</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>As a hard copy?</b>	<input type="radio"/> Yes <input type="radio"/> No
		<b>Electronic Format?</b>	<input type="radio"/> Yes <input type="radio"/> No

  

<b>Vendor Rep</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		First	Last
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>Email</b>
<b>Area Covered</b>	<input type="text"/>		
<b>Newsletter?</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>As a hard copy?</b>	<input type="radio"/> Yes <input type="radio"/> No
		<b>Electronic Format?</b>	<input type="radio"/> Yes <input type="radio"/> No

  

<b>Vendor Rep</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		First	Last
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>Email</b>
<b>Area Covered</b>	<input type="text"/>		
<b>Newsletter?</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>As a hard copy?</b>	<input type="radio"/> Yes <input type="radio"/> No
		<b>Electronic Format?</b>	<input type="radio"/> Yes <input type="radio"/> No

**PLEASE USE REVERSE SIDE FOR ADDITIONAL INFORMATION**