



Professional Retail Store Maintenance Association
Membership Department
 14850 Quorum Drive, Suite 120
 Dallas, TX 75254
 Ph: 972-231-9810 Fax: 972-231-4081
 Web: www.prsm.com
 E-mail: membership@prsm.com

**Professional
 Corporate
 Half Price Dues
 Membership
 Application
 (Retail)**

1 Please check: I am the Primary Member I am an Additional Member* ***My Professional Corporate Primary Member is** _____ Additional Member applications will not be processed without an active Primary Member from your company.

First Name _____ **Last Name** _____ **Birth Date (month/day)** ____ / ____

Company Name _____ **Title** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Phone () _____ **Secondary Phone ()** _____

Fax () _____ **Toll Free ()** _____

E-mail _____ @ _____ **Website:** _____

Signature (required)

Your signature above serves notice that you have verified that the information contained on this form is accurate and that you and any additional members consent to receive communications from the Association via mail, phone, fax, and e-mail, including communications promoting Association conferences, products, and services. Please note that your membership will not be processed without your signature.

2 **PROFESSIONAL CORPORATE MEMBER:** Professional Corporate membership is open to retail companies employing retail facilities maintenance management and non-management, and to retail property firms including property owners, landlords, managers and developers. Individuals employed by companies providing products or services of any kind whatsoever to retailers, except as landlord, property owner or property manager, are ineligible for Professional Corporate membership. It is open to more than one designee employed at the same company; provided, however, there shall be only one (1) voting member per company. The PRSM Association Board may, at its discretion, establish categories and a pricing structure within the Professional Corporate membership category.

Please check your membership category from the following and provide complete information in Section 6 on reverse side of form:

- Category 1:** Individual Professional Corporate Membership **Dues \$300 \$150**
Includes 1 voting member
- Category 2:** Professional Corporate Membership **Dues \$500 \$250**
Includes 1 voting member + 1-4 additional members (please include contact information on back)
- Category 3:** Professional Corporate Membership **Dues \$800 \$400**
Includes 1 voting member + 5-10 additional members (please include contact information on back)
- Category 4:** Professional Corporate Membership **Dues \$950 \$475**
Includes 1 voting member + 11 or more additional members (please include contact information on back)

Total Due: \$ _____

Please do not forget to include contact information for each of your additional members on the reverse side of this form. →

3 **MEMBER CATEGORY: (mandatory) Please choose at least ONE and no more than THREE from the list below.**
 These options have changed. Please choose carefully – only the first three marked will be listed.

<input type="checkbox"/> (A01) Apparel	<input type="checkbox"/> (D02) Developer/Property Mgr	<input type="checkbox"/> (H04) Houseware/Giftware	<input type="checkbox"/> (S01) Shoes
<input type="checkbox"/> (A02) Auto Aftermarket	<input type="checkbox"/> (D03) Discount Store	<input type="checkbox"/> (J01) Jewelry	<input type="checkbox"/> (S02) Specialty/Service Retail
<input type="checkbox"/> (B01) Book Store	<input type="checkbox"/> (G01) General Merchandise	<input type="checkbox"/> (M01) Movie Theater	<input type="checkbox"/> (S03) Sporting Goods
<input type="checkbox"/> (C01) Candy/Card/Gift/Novelty	<input type="checkbox"/> (G02) Gov't Svcs/Commissary	<input type="checkbox"/> (M02) Music/Video Store	<input type="checkbox"/> (T01) Toy/Hobby/Craft/Fabric
<input type="checkbox"/> (C02) Chain Drug Store/Pharmacy	<input type="checkbox"/> (G03) Grocery Store/Supermarket	<input type="checkbox"/> (O01) Office Product/Stationery	<input type="checkbox"/> (W01) Wholesaler
<input type="checkbox"/> (C03) Consumer Electronics	<input type="checkbox"/> (H01) Health Food Store	<input type="checkbox"/> (O02) Optical	<input type="checkbox"/> (O03) Other _____
<input type="checkbox"/> (C04) Convenience Store/Gas Station	<input type="checkbox"/> (H02) Home Center & Hardware	<input type="checkbox"/> (P01) Pet Store	
<input type="checkbox"/> (D01) Department Store	<input type="checkbox"/> (H03) Home Furnishings	<input type="checkbox"/> (R01) Restaurant Chain	

4 **IMPORTANT!**
 The information shown on this form is how your contact information will appear for all who access it online. Please check this entire form for accuracy!

PAYMENT: Membership cannot be processed without payment.

Check Money Order (make check payable to PRSM)
 Debit Credit American Express Discover MasterCard VISA
 All payments in US funds drawn on US banks. \$25 fee charged for returned checks.

Credit Card Account # _____

Exp. Date _____ 3-Digit Security Code _____ Amt to be charged \$ _____

Cardholder's Name (Print) _____

Billing Address _____

City _____ State _____ Zip _____

Authorized Signature _____

OFFICE USE ONLY

RCVD _____

AMT _____

CK# _____

ACKD _____

5 Please List Additional Members: (please attach an additional sheet if you have more than 5 additional members)

First & Last Name _____ Title _____
Mailing Address (if different from primary member) _____
City _____ State _____ Zip _____
Phone () _____ Secondary Phone () _____
Fax () _____ Toll Free () _____
E-mail _____ @ _____ Web _____

First & Last Name _____ Title _____
Mailing Address (if different from primary member) _____
City _____ State _____ Zip _____
Phone () _____ Secondary Phone () _____
Fax () _____ Toll Free () _____
E-mail _____ @ _____ Web _____

First & Last Name _____ Title _____
Mailing Address (if different from primary member) _____
City _____ State _____ Zip _____
Phone () _____ Secondary Phone () _____
Fax () _____ Toll Free () _____
E-mail _____ @ _____ Web _____

First & Last Name _____ Title _____
Mailing Address (if different from primary member) _____
City _____ State _____ Zip _____
Phone () _____ Secondary Phone () _____
Fax () _____ Toll Free () _____
E-mail _____ @ _____ Web _____

6 DEMOGRAPHIC INFORMATION: MANDATORY

1. How did you hear about PRSM? Please choose one.

- Direct Mail E-mail PRSM Website Phone
 Colleague _____ Please list their name so that we may thank them!
 Other _____

2. What is your primary reason for joining PRSM? Please choose one.

- Education Career Development Access to Industry Resources
 Peer-to-Peer Networking New Clients/Vendors Other _____

3. Average square footage of stores. Please choose one.

- Less than 5,000 5,000-9,999 10,000-19,999 20,000+

4. Total Number of Stores/Outlets your FM Department oversees. Please choose one.

- 1 2-50 51-100 101-500 501-1,000 1,001-5,000 Over 5,000

5. What is your total annual FM Departmental budget? Please choose one.

- Under \$1 Million \$1-5 Million \$5-10 Million
 \$10-20 Million \$20-50 Million \$50-100 Million Over \$100 Million