



Allied Trades / Vendor Membership Application

ALLIED TRADES/VENDOR MEMBERSHIP category applies to businesses that provide products, equipment and/or services to Textile Care Service Providers. This includes laundry equipment/supply companies, consultants and distributors.

MEMBERSHIP TYPE*

- | | | |
|-------------------------------------|--|----------------|
| <input type="checkbox"/> National | Companies that manufacture, and/or sell products throughout the US and abroad. Benefits of membership is extended to both management and sales professionals. | \$525 annually |
| <input type="checkbox"/> Regional | Distributors of products/services serving limited areas, typically five or fewer states/provinces. The benefits of membership extend to both management and sales professionals. | \$350 annually |
| <input type="checkbox"/> Individual | Membership for an individual employed in sales, distribution or consulting to the textile services industry. The benefits of membership apply solely to the individual identified and <i>not the company</i> . | \$160 annually |

COMPANY INFORMATION

Company Name _____

Website address _____ Address/ PO Box _____

City _____ State/Province _____ Postal Code _____ Country _____

Office # _____ Fax # _____ Toll free _____

SERVICES / PRODUCTS

Your company will be listed in the online ALM member directory – select only those that truly depict your business line(s). The Individual Membership will not include their company's business line.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Build/Design | <input type="checkbox"/> Dispensing Systems | <input type="checkbox"/> Linen/Textile Sale | <input type="checkbox"/> Water Reuse/Recycling |
| <input type="checkbox"/> Carts | <input type="checkbox"/> Dry Cleaning Equipment/Products | <input type="checkbox"/> Software Systems | |
| <input type="checkbox"/> Chemical Sales/Distribution | <input type="checkbox"/> Equipment Distributor | <input type="checkbox"/> Ozone Equipment/Service | |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Equipment Manufacturer | <input type="checkbox"/> Supplies | |

PRIMARY CONTACT

Additional contacts/sales professionals for National & Regional memberships only | *see over* →

Mr. / Ms. _____ Title _____

Company Name _____ Mailing Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Office _____ Fax # _____ Mobile (optional) _____

Website URL _____ Email Address _____

BILLING INFORMATION

- Wire Transfer for non-US companies only (contact info@ALMnet.org for details)
- Check (payable to: Association for Linen Management or ALM)
- Credit Card – I authorize a charge of \$_____ USD as checked above to MasterCard Visa AMEX Discover as indicated below

Card Number _____ Exp. Date _____ CVV | CV2 Number _____

Name on Card _____ Authorized Signature _____

ALM does NOT accept credit card payment via email. Please fax or mail.

*ALM reserves the right to place you in the correct category and bill for the remaining dues, if applicable. Dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be partially deducted as a business expense. No (\$0) dues are allocable to lobby activities. Dues are non-refundable.

Information for National & Regional Memberships

1 Please list additional National & Regional employees who are to receive benefits of membership (no additional charge)

Mr. / Ms. _____ Role/Title _____
Location / Mailing Address _____
City / State or Province / Postal Code / Country _____
Office# _____ Cell _____ TF _____
Email Address _____

2
Mr. / Ms. _____ Role/Title _____
Location / Mailing Address _____
City / State or Province / Postal Code / Country _____
Office# _____ Cell _____ TF _____
Email Address _____

3
Mr. / Ms. _____ Role/Title _____
Location / Mailing Address _____
City / State or Province / Postal Code / Country _____
Office# _____ Cell _____ TF _____
Email Address _____

4
Mr. / Ms. _____ Role/Title _____
Location / Mailing Address _____
City / State or Province / Postal Code / Country _____
Office# _____ Cell _____ TF _____
Email Address _____

5
Mr. / Ms. _____ Role/Title _____
Location / Mailing Address _____
City / State or Province / Postal Code / Country _____
Office# _____ Cell _____ TF _____
Email Address _____

6
Mr. / Ms. _____ Role/Title _____
Location / Mailing Address _____
City / State or Province / Postal Code / Country _____
Office# _____ Cell _____ TF _____
Email Address _____