



Retail Store Membership Application Form

Name of Store Applying for Membership _____

Headquarters Address _____

City/ST/Zip _____

Business Phone _____

Business Fax _____

Email Address _____

Web site _____

Name and Individual Submitting Application _____

Title _____

Store Information:

Number of Stores _____ (Attach a list of stores with complete addresses.)

Total number of employees at all locations _____ Year Established _____

Do you collect sales tax? _____ Tax ID Number _____

List Below Three Industry References: (names, email addresses and phone numbers)

1. _____

2. _____

3. _____

Fee Schedule

- Single Store \$100.00
- Two Stores \$125.00
- Three Stores \$150.00
- Each Additional Stores over three \$25.00 each # _____

Payment Information: Amount Due: _____

My check is enclosed, payable to Florida Jewelers Association

Please charge my: AmEx MasterCard Visa

CC # _____ Exp. Date: _____

Name on Card: _____

Billing Address: _____

Signature: _____ Code: _____

You must include:

- Payment
- Photo(s) on Inside of Store
- Photo(s) of Outside of Store
- Business Stationary Sample or Business Card

Please mail the completed application with above documentation to:

Florida Jewelers Association

11812 North 56th Street

Tampa, FL 33617

800-872-7461 • 813-988-0737

Fax: 813-988-5837

info@floridajewelers.org

www.floridajewelers.org