



Name of Company _____
Primary Contact Name _____
Street Address _____
City _____ State ____ Zip or Postal Code _____
Telephone Number _____
E-Mail Address _____
Fax Number _____

Type of Business (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Apparel/Accessory | <input type="checkbox"/> Home Entertainment |
| <input type="checkbox"/> Department | <input type="checkbox"/> Jeweler |
| <input type="checkbox"/> Food Store | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Furniture Store | <input type="checkbox"/> Shoe Store |
| <input type="checkbox"/> Hardware Store | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Auto Parts | |
| <input type="checkbox"/> Other (specify) _____ | |
| <input type="checkbox"/> Non-Retail Member (Associates) | |

Number of Locations in Connecticut ____ Total Number of Employees ____

Amount of Dues Paid _____

Signature of Applicant _____

Date: _____

Investment Schedule:

<u>Gross Annual Sales</u>	<u>Dues</u>
Under \$100,000 (minimum)	\$150
\$100,000-199,000	\$175
\$200,000-399,000	\$200
\$400,000-599,000	\$225
\$600,000-799,000	\$250
\$800,000-999,000	\$300
\$1,000,000 and up	\$300 + \$100 per million

- Check Enclosed Please Bill Me

Mail to: CRMA at 129 Church Street, New Haven, CT 06510
To pay by Credit Card – please complete

____ Visa ____ American Express ____ M/C Number _____ Exp. date _____ Code _____

Name exactly as it appears on the card _____ Signature _____

THANK YOU FOR YOUR BUSINESS!