



MEMBERSHIP APPLICATION

CAWS is the national association that serves, benefits, promotes and protects the apparel commissioned sales representative and Canada's leading fashion markets. We are the sole national voice with strength that monitors and lobbies regulatory and legislative changes that affect our industry.

MEMBERSHIP CATEGORIES:

FULL MEMBER:

\$300.00 + HST

Commissioned Sales Agent -- Any person engaged as a wholesale sales representative whether operating independently or in direct or indirect partnership or ownership interest with any other wholesale sales representative or sales agency, firm, association, company or corporation. (Full Members attend markets and/or are eligible for all benefits and services.)

ASSOCIATE MEMBER:

\$150.00 + HST

Salaried Employee -- Any salaried employee of a Full Member who has no ownership interest directly or indirectly in the business of the Full Member or any other person, sales agency, firm, association, company or corporation engaged in the or concerned with the business similar to that carried on by the Full Member and who has not entered into any agreement as a salesperson in their own name or on their own behalf with any firm manufacturing or importing merchandise for sale to retail outlets. (Associate Members attend markets and/or are eligible for group medical/dental insurance plan only.)

**** See reverse side for application form ****

caws.mbrappform-info

1725 Avenue Road, Box 70003, Toronto, Ontario M5M 0A0 ♦ Tel(416)782-8961 ♦ Fax(416)782-5876 ♦ Email info@caws.ca
Website: www.caws.ca

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the CANADIAN ASSOCIATION OF WHOLESALE SALES REPRESENTATIVES (CAWS):
(Please print and answer all questions)

Principal's Name(s): _____

Agency Name: _____

Associate Salesperson(s): _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Mailing Address (if different from above): _____

Telephone: Bus. _____ Fax. _____ Res. _____

1. Line: _____ Manufacturer's Name: _____

Territory Covered: _____

2. Line: _____ Manufacturer's Name: _____

Territory Covered: _____ * Attach an extra sheet for additional manufacturers.

Type of Membership (see back of this form for membership classifications): () Full () Associate

Payable by cheque or visa : expiry date ----- signature

card # ----- print name Expiry date ____ / ____

Are you an owner/partner or part of management of any apparel/accessory/manufacturing firm, importer or wholesaler?
() YES () NO. If yes please give details: _____

Which CAWS Affiliate Markets would you be attending (please check):

- | | |
|-----------------------------------|---|
| A. Ontario Fashion Exhibitors () | C. Trends Apparel Show () |
| B. Prairie Apparel Market () | D. Western Canada Children's Wear Markets () |

I agree that my application for membership in CAWS includes the paying of the annual fee and that I have read the membership descriptions on the reverse side of this application and certify that I am eligible for membership in CAWS and agree to adhere to its Constitution and By-Laws. I understand that individuals who are manufacturers, wholesalers, jobbers, housemen, importers or sales managers are not eligible for membership in the Association and I certify that I do not fall into any of these categories.

This application must be signed by two members in good standing of CAWS. If necessary, for assistance contact the CAWS Office.

1. _____
Signature

Print Name

2. _____
Signature

Print Name

Signature of applicant: _____

Please print name: _____

Date: _____

EXECUTIVE COMMITTEE ACTION

() Accepted () Rejected

Signature: _____

Date: _____

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