



# DISTRIBUTOR MEMBERSHIP APPLICATION

Application is hereby made by the undersigned for admission to Distributor Membership in the Souvenir Wholesale Distributors Association. Through application for SWDA membership, I agree to abide by the By-Laws of the association. **Dues are \$395 per year.** All applications must be accompanied by a check made payable to the Souvenir Wholesale Distributors Association for the first year's membership dues. Please answer all questions completely. FAILURE TO COMPLETE ALL INFORMATION MAY RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.

*Please type or print*

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Internet Web Address: \_\_\_\_\_

**Distributor Membership Qualifications:** Any firm, company or corporation that is a wholesaler-distributor of multi-brands of manufactured tourist products, shall be eligible for Distributor Membership. Tourist Products shall include, but are not limited to, post cards, souvenirs, apparel, candy, toys, books, gifts, figurines and other products intended for sale to tourists. In order to provide a commonality of interest among the members of the association, a wholesaler-distributor of tourist products shall meet each of the following criteria:

- a) Own or control a business enterprise in which its principal business is, and the majority of its revenues are, derived from buying tourist products from manufacturers and selling them to independent retailers.
- b) At a minimum, purchase souvenir products from at least five manufacturers for resale to independent retailers.
- c) Have been in business as a wholesaler-distributor in the tourist products industry for twelve or more months immediately preceding the date of its application.
- d) Be a recognized wholesaler-distributor of tourist products by a minimum of 25 independent retailers. For the purposes hereof "independent retailers" shall not include any retail outlet in which the applicant or any officer, director, employee or partner of the applicant, is related to or associated with, or has any financial interest including, but not limited to, any direct or indirect ownership of stock, leases, loans or the like.
- e) Maintain a warehouse for its products which is physically disconnected from any retail outlet.
- f) Maintain a sales staff.
- g) Provide a delivery service via its own trucks and/or commercial trucks.
- h) Produces a catalog or sell sheets of their products.
- i) Please note that the above criteria are required to determine whether an applicant is a distributor of tourist products. If you have other information which you believe will be of assistance in determining your eligibility for membership in SWDA, please include such information with this application. All membership applications require the approval of the SWDA Board of Directors, and approval is subject to their sole and unfettered discretion.

A. Our company is (*check one*):  Single Proprietorship  Partnership  Corporation

B. Please list Officers/Partners/Owners: \_\_\_\_\_

C. Tax Identification Number (or equivalent if located outside of U.S.) \_\_\_\_\_

D. Other state, province or local government business license number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Number: \_\_\_\_\_

**Return with Dues Payment of \$395 to: Souvenir Wholesale Distributors Association**  
SWDA • 2770 Arapahoe Rd, #132-155 • Lafayette, CO 80026 • 888-599-4474 • Fax: 888-589-7610 • [www.SouvenirCentral.org](http://www.SouvenirCentral.org)

- E. At this time, we consistently purchase from approximately ( \_\_\_\_\_ ) manufacturers for resale to independent retailers.
- G. At the end of this application please list the name, address, person to contact and phone number of at least five manufacturers with which you have open account terms and by whom you are recognized as a wholesaler-distributor of their line of goods.
- H. At the end of this application please list the name, address, person to contact and telephone number of at least 25 independent retailers that recognize your company as a distributor of tourist products.
- I. Under our present management, we have been in business since the month of \_\_\_\_\_, in the year \_\_\_\_\_.
- J. In our firm, we presently employ approximately ( \_\_\_\_\_ ) persons.
- K. Is your warehouse physically connected to any retail outlet?  Yes  No
- L. We occupy an approximate total of \_\_\_\_\_ square feet in our building (s), of which: \_\_\_\_\_ square feet is warehouse space; \_\_\_\_\_ square feet is office space; and \_\_\_\_\_ square feet is other than warehouse and office space.
- M. Distribution Area: Check states included in your distribution area: *(check all that apply)*
- |   |  |  |   |   |  |
|---|--|--|---|---|--|
| <input type="checkbox"/> Alabama              | <input type="checkbox"/> Florida       | <input type="checkbox"/> Louisiana     | <input type="checkbox"/> Nebraska       | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> Utah          |
| <input type="checkbox"/> Alaska               | <input type="checkbox"/> Georgia       | <input type="checkbox"/> Maine         | <input type="checkbox"/> Nevada         | <input type="checkbox"/> Oregon         | <input type="checkbox"/> Vermont       |
| <input type="checkbox"/> Arizona              | <input type="checkbox"/> Hawaii        | <input type="checkbox"/> Maryland      | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Pennsylvania   | <input type="checkbox"/> Virginia      |
| <input type="checkbox"/> Arkansas             | <input type="checkbox"/> Idaho         | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Puerto Rico    | <input type="checkbox"/> Washington    |
| <input type="checkbox"/> California           | <input type="checkbox"/> Illinois      | <input type="checkbox"/> Michigan      | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Rhode Island   | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Colorado             | <input type="checkbox"/> Indiana       | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> New York       | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wisconsin     |
| <input type="checkbox"/> Connecticut          | <input type="checkbox"/> Iowa          | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> North Carolina | <input type="checkbox"/> South Dakota   | <input type="checkbox"/> Wyoming       |
| <input type="checkbox"/> Delaware             | <input type="checkbox"/> Kansas        | <input type="checkbox"/> Missouri      | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Tennessee      | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Kentucky      | <input type="checkbox"/> Montana       | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Texas          |  |
| <input type="checkbox"/> All Canada           | <input type="checkbox"/> Canada (West) | <input type="checkbox"/> Canada (East) |   |   |  |
- N. Please send any non-confidential sales promotional material on your company and copy of your printed letterhead.

**The information presented in this application for Distributor Membership accurately represents my company.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

How did you hear about SWDA/ Who referred you? (list source) \_\_\_\_\_

**Your dues are deductible as an ordinary and necessary business expense and are not deductible as a charitable contribution**

**Tourist Product Manufacturers**

COMPANY NAME with City/State

PHONE

CONTACT PERSON

1. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Independent Retailers**

RETAILER with City/State

PHONE

CONTACT PERSON

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
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20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____