

Check appropriate boxes

- I am joining today and want information about how I can become certified.
- Yes, I teach sewing and/or quilting classes in my store.
 Send me information on how to qualify to be a Learning To Sew Center.
- I would like information on how to become a Sewing Education Center.



COMPANY CONTACT INFORMATION:

Name: _____ Title: _____
 Company Name: _____
 Address: _____
 City: _____
 State/Province: _____ Zip/Postal code: _____
 Telephone: _____
 Fax: _____
 E-mail: _____
 Web site: _____
 Years in business: _____

Submit Copies of Business Certificate and Tax Certificate •

Do you attend VDTA/SDTA conventions? Yes No
 What seminar topics would you like offered at the convention? _____
 Do you teach sewing or quilting lessons in your store? Yes No
 Do you have a repair department? Yes No
 How many stores do you have? _____
 How many employees do you have? _____
 What kind of business articles would you like to see in the publication? _____

MEMBERSHIP TYPE

- Independent dealer: \$121 1st. year, \$96 each year after Identified as any dealer whose principal business is the sale of merchandise and services directly to the consumer (end user).
- International dealer: \$121 1st. year \$96 each year after Includes Canada and worldwide dealers whose principal business in the sale of merchandise and services directly to the consumer (end user).
- Associate member: \$625 each year Identified as a manufacturer/distributor/supplier.

PRODUCTS HANDLED

FLOOR CARE

- Hand/Stick Vacuums
- Central Vacuums
- Stick/Broom Vacs
- Water Based Vacs
- Steam Cleaners
- Janitorial Products/Stain Removers
- Vacuum Parts/Accessories
- Backpack Vacs
- Upright Vacuums
- Canister Vacuums
- Air Fresheners
- Air Purifiers
- Polishers & Buffers
- Other: _____

SEWING\QUILTING

- Sewing Machines
- Knitting Products
- Quilting Machines
- Longarm Machines
- Embroidery Machines
- Sewing Parts/Accessories
- Notions
- Fabrics-Fashion/Quilting
- Sergers

BRANDS CARRIED: _____

PAYMENT METHOD:

(All payments must be made in U.S. funds)

Check MasterCard Visa Amount: \$ _____

Cardholder Name (Please print): _____

Card #: _____

Exp. Date: _____

Card Registered Address (If different than above): _____

Signature: _____