



# ASSOCIATE MEMBERSHIP APPLICATION

Use this application if you are a wholesaler and/or manufacturer for dual membership in:  
Ohio Jewelers Association  
Ohio Council of Retail Merchants

Complete this form and return it to the Ohio Jewelers Association with your \$150. membership check.

Ohio Jewelers Association  
Suite 2020  
50 W. Broad Street  
Columbus, OH 43215

We hereby make application for dual membership in the Ohio Jewelers Association and the Ohio Council of Retail Merchants.

We understand this application must meet the requirements and be approved by the Ohio Jewelers Association and any misrepresentation will provide cause for dismissal of applicant. (If disapproved, for reasons other than misrepresentation, dues will be refunded.)

\*Please attach sample of business stationery, business card or other business identification.

_____ Name of Firm	_____ Business Phone
_____ Name of individual making application	_____ Fax Number
_____ Signature	_____ Email
_____ Position with firm	_____ Type of business: i.e. Wholesaler, Mfg., Catalog, etc.
_____ Address	_____ Total number of employees (include management)
_____ City ST Zip	_____ One reference (name & address)
_____ County	_____ (reference continued)