

CJA 2006-2007 DUES

COMPANY INFORMATION:

COMPANY NAME _____

ADDRESS: _____ CITY, STATE ZIP: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS _____

PLEASE CHECK ALL THAT APPLIES: RETAILER WHOLESALER

WHOLESALE REPRESENTATIVE MANUFACTURER

OTHER (Describe) _____

PROPRIETORSHIP PARTNERSHIP CORPORATION

OTHER (Describe) _____

NAMES OF PRINCIPALS, PRIMARY CORPORATE OFFICERS, OR PARENT COMPANY:

NUMBER OF YEARS IN BUSINESS: _____

LINE CARRIED OR ITEMS MANUFACTURED: _____

CONTACT INFORMATION: FIRST NAME: _____ LAST NAME: _____

COMPANY TITLE: _____ PHONE _____

MEMBERSHIP OPTIONS:

ONE YEAR (\$100) TWO YEAR(\$150)

PAYMENT OPTIONS: CHECK ENCLOSED

BILL MY CREDIT CARD

CREDIT CARD TYPE: (Circle One) VISA MASTERCARD

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

NAME AS IT APPEARS ON CREDIT CARD: _____

SIGNATURE _____

PLEASE MAIL PAYMENT TO:
CHICAGO JEWELERS ASSOC.
P.O. BOX 6379
CHICAGO, IL 60680