
MEMBERSHIP



APPLICATION

BUSINESS INFORMATION

Name of Store: _____

Mailing Address: _____

City: _____

ST: _____

ZIP: _____

Telephone: _____

Fax: _____

Email: _____

Website Address: _____

Owner's Name: _____

Home Address: _____

City: _____

ST: _____

ZIP: _____

STORE INFORMATION

Annual Store Volume: \$ _____

of Years in Business: _____

of Years Current Owner has operated business _____

Do you have an in-house repair shop? Yes or No _____

Population of your trade area? _____

How many sales associates do you employ: _____

Full-time: _____

Part-time: _____

Building Structure: ___ free standing ___ strip mall ___ downtown ___ other (please describe) _____

How do you compensate your sales associates? Check all that apply.

 Hourly wages Full-time Salary Base Salary + Commission Commission ONLY please explain: _____ Retirement Plan Life Insurance Other _____

Please list any other buying groups you belong to: _____

FINANCIAL INFORMATION

Name of Bank: _____

Mailing Address: _____

City: _____

ST: _____

ZIP: _____

HOW DID YOU HEAR ABOUT RJO: (Please check all that apply.) Website Advertisements Direct Mailings Current RJO Member or Vendor list name(s): _____ Other (please list) _____*Continued on back.*

REFERENCES (Please list top three references.)

1. _____
2. _____
3. _____

Please accept my application for membership in the Retail Jewelers Organization (RJO). I understand that if approved, I'll receive notification of acceptance, information about the organization and a membership agreement to complete. By signature below, Applicant consents and authorizes any financial institution and/or credit reporting agency to supply RJO with any information regarding Applicant which RJO shall request. This consent and authorization shall not terminate or lapse.

Owner's Signature

Date

Print Name