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Membership Application

YES! I WANT TO JOIN THE SSA!

Applicant Information: Please be sure that all information is EXACTLY as you wish it to appear on the roster and website.

Company Name _____
 Delegate Name _____ Title _____
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Fax # _____
 Email _____ Website _____

Products sold (circle all that apply): Air • Memory Foam • Latex Foam • Bio/Eco Foam • Flotation • Green/Natural Products • Adjustables • Convertibles • Top-of-Bed/Bedding
 Other _____

Type of business: RETAILER # of Stores* _____ Manufacturer/ Supplier Associate
 (*number of stores to be listed on the website)

Retailer	Annual Dues	Manufacturer	Annual Dues	Associate	Annual Dues
1 store.....	\$150.00	<u>Class</u>	<u>Net Industry Sales</u>	<u>Class</u>	
2 -5 stores.....	\$200.00	Class X,	\$0-\$499,000.....	Class R,	Manufacturer Representative....\$125.00
6-10 stores.....	\$350.00	Class A,	\$500,000-\$999,000.....	Class Z,	Industry Associate
11 - 20 stores...	\$500.00	Class B,	\$1 million and over.....		(Not a Manufacturer).....\$200.00
21 + stores	\$1000.00				

*2008 Membership

Please send this completed application with your check made out to:

Specialty Sleep Association
 Attention: Tandra Jones, SSA Executive Director
 46639 Jones Ranch Road
 Friant, CA 93626
 Phone: 559-868-4187
 Fax: 559-868-4185
 Email: tandra@sleepinformation.org