



VENDOR APPLICATION

Choose one: New Vendor Renewal

First _____ Last _____ Title _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Office Ph. _____ Fax _____ Mobile _____

Email _____ Website _____

(* Required)

*Briefly describe the products/services you provide _____

What is your advertising budget? _____

Would you like to serve on any committees? Yes No If yes, which ones _____

What benefits would you like to see from ASSIST? _____

Would your company be interested in becoming part of our member discount program? Yes No

PAYMENT OF VENDOR DUES: Dues are paid in full annually and must be submitted with this form

Vendor \$395.00 (includes \$100.00 discount off a booth at the annual ASSIST conference)

Enclosed Payment Amount \$ _____

Please make checks payable / mail payments to:

**ASSIST
Attn: Member Services
5408 Woodway Dr
Fort Worth, TX 76133**

I understand that ASSIST dues are paid annually and that a \$25.00 late fee will be applied to all renewing memberships submitted after 60 days from the due date.

Print Name Signature Date