



**Associate Application for Vendor Membership Dues**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name |  |  |  |  |  |  | new |  | renewal |
| Sales Rep’s Name |  |  |  |  |  |  |  |  |  |
| Rep’s Mailing Address |  |  | City |  |  | State |  |  | Zip |
| Rep’s Phone Number |  |  | Rep’s Fax Number |  |  |  |  |  |  |
| Rep’s EMail Address |  |  | Web Site Address |  |  |  |  |  |  |
| Goods or Services Offered (250 Characters Max) |  |  |  |  |  |  |  |  |  |
| Use Back Side if More Space is Needed |  |  |  |  |  |  |  |  |  |

## Qualifications

Companies and sales reps that sell to college bookstores in the State of North Carolina are eligible for membership in CSANC-Associates. There may be more than one member from one company. There may be multiple companies for one member.

## Benefits

Membership entitles you and one company to be listed in the online directory giving bookstores and vendors direct information to buyers and sellers of college goods and services. Multiple line reps wanting companies to be listed on the web site will require a membership for each listing. Duplicate this form for each membership.

Each member will be given a password to gain access to this information. Non-members will not have access.

## Trade Show

The Table Top Expo is one of the highlights of the CSANC annual meeting. Members in good standing for fiscal year 2024 are invited to exhibit at the Table Top Expo upon renewing membership with payment of 2025 dues in the amount of **$50.00**. Members not in good standing financially who wish to exhibit in the 2025 Table Top Expo must submit **$100.00** to cover dues for 2024 and 2025.

Applicants are voted in by the membership and are reviewed and renewed annually. If accepted, I agree to abide by all rules and regulations of the CSANC-Associates.

Signed:

Want to pay by credit card?

Contact Terraic @ [csanc.org@gmail.com](mailto:csanc.org@gmail.com)

Make Checks Payable to CSANC

Duplicate this form as needed for additional companies that you represent



CSANC-A Member’s Name Complete this form for each company that you represent Info will be posted on CSANC web site

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Company Represented |  | | | | | | |
| Mailing Address |  |  | City |  | State |  | Zip |
| Phone Number |  |  | Fax Number |  |  |  |  |
| Web Site Address |  |  | EMail Contact |  |  |  |  |
|  | Goods or Services Offered (250 Characters Max) |  |  |  |  |  |  |  |





|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Company Represented |  | | | | | | |
| Mailing Address |  |  | City |  | State |  | Zip |
| Phone Number |  |  | Fax Number |  |  |  |  |
| Web Site Address |  |  | EMail Contact |  |  |  |  |
|  | Goods or Services Offered (250 Characters Max) |  |  |  |  |  |  |  |





|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Company Represented |  | | | | | | |
| Mailing Address |  |  | City |  | State |  | Zip |
| Phone Number |  |  | Fax Number |  |  |  |  |
| Web Site Address |  |  | EMail Contact |  |  |  |  |
|  | Goods or Services Offered (250 Characters Max) |  |  |  |  |  |  |  |





|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company Represented |  | | | | | | |
| Mailing Address |  |  | City |  | State |  | Zip |
| Phone Number |  |  | Fax Number |  |  |  |  |
| Web Site Address |  |  | EMail Contact |  |  |  |  |
| Goods or Services Offered (250 Characters Max) |  |  |  |  |  |  |  |



