



P.O. Box 1242 • Bellmawr NJ 08099-5242 • www.southjerseybeadsociety.org

BEAD STORE & VENDOR MEMBER APPLICATION

Please complete this form and return it with your membership dues to the above address.

Membership dues for September 1 through August 31: **\$50.00** Date: _____

Check one: New member () Renewal ()

Owner Name: _____

Business Name: _____

Business Address: _____

Owner Phone: (Business) _____ (Cell) _____

Email Address: _____

Business Website: _____

1. Are you interested in hosting a Bead Rendezvous* for SJBS members at your shop?
Yes _____ No _____
2. If yes, how many beaders can your store accommodate? _____
3. Are you interested in offering a Trunk Show at a SJBS monthly program?
Yes _____ No _____
4. Would you like info about your classes or other events related to your business to be posted on the SJBS Facebook** page?
Yes _____ No _____
5. Would you like your business logo posted on a Vendor Member Acknowledgement Board at SJBS monthly programs?
Yes _____ No _____
6. Would you like to offer SJBS members a courtesy discount on purchases? Yes__ No__ % _____

Please share your comments, questions, or suggestions:

Your Signature: _____

* Learn about SJBS Bead Rendezvous: www.southjerseybeadsociety.org/page-1292517

** Visit SJBS Fb: www.facebook.com/southjerseybeadsociety

Official use: Cash/MO/Ck# _____ **Membership #:** _____ **Initials:** _____