



independent running retailer association

RUNNING RETAIL / ASSOCIATE APPLICATION

RUNNING RETAIL MEMBER APPLICATION

Name _____
Title _____
Company _____
Address _____
City/State/Zip _____
Country _____
Business Phone _____
Toll Free # _____
Fax _____
E-Mail _____
Website: www. _____
Please list the shoe brands you carry _____

How many years have you been in business? _____
Number of Stores _____
Please classify your total annual sales:
 \$500K and below \$500K to \$1 million
 \$1 million to \$1.5 million \$1.5 million to \$2 million
 \$2 million and above
Do you sell on the Internet? Yes No
If yes, what percentage of your total business sales come from the Internet? _____

ASSOCIATE MEMBER APPLICATION

Company _____
Name _____
Title _____
Address _____
City/State/Zip _____
Business Phone _____
Website www. _____
E-mail _____
Check the box that best describes your company:
 Footwear/Apparel Vendor
 Sock Vendor
 Accessory Vendor
 Other (Please Indcate) _____

JOINING THE IRRA

By Mail:
IRRA, P.O. Box 231322, Great Neck, NY 11023
Call 516.305.4709 • Fax 516.305.4712.

Payment:
• Retail Membership is \$450 annually
• Associate Membership is \$995 annually.

Method of payment
 Check
 Credit Card: Visa Am Ex Mastercard
Card Number _____
Security Code _____
Expiration Date _____
Name on card _____

(if different from the applicant and card security code)

Signature (required)

When applicable, these dues are not deductible as charitable contributions, but are deductible as ordinary and necessary business expenses. Contact Member Services at (646) 319-7878 within 10 business days of renewing/joining to change your member classification or to cancel.

HOW DID YOU HEAR ABOUT THE IRRA?

Word of mouth
 Trade Publication
 Trade Show
 IRRA Website
 Other (please indicate) _____