



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 516.304.5990 • 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) _____

Billing Address (if different from the applicant) _____

HOW DID YOU HEAR ABOUT THE IRRA?

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