

United States Textile Rental Member



Textile Rental Services Association of America

# 2010 MEMBERSHIP APPLICATION

## Section I: Welcome to TRSA

Thank you for your interest in the Textile Rental Services Association of America (TRSA). We are always pleased to welcome new companies into the growing TRSA family. TRSA is a member-driven association; and without the valued participation of member companies, like yours, TRSA could not exist.

TRSA is *always* working on behalf of our members' interests to promote, protect and educate today's progressive textile services industry. Make use of our many services and activities in advertising, business management, sales promotion, public relations, production operations, research, seminars, government affairs, technology, and much, much more.

We welcome you and look forward to developing a new, valued relationship.

## Section II: Business Information

By completing the section below your company is agreeing, as a for-profit textile rental company, to participate in membership and activities of the Textile Rental Services Association of America. Your company agrees to support TRSA in accordance with a schedule of annual dues as prescribed by the TRSA Board of Directors.

Please print clearly: Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Web site address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Key Personnel:** Please complete this section with full name(s), formal title(s), phone extension(s) and/or e-mail address(es) of six key staff officers.

Full Name	Formal Title	E-mail Address	Address (if different from above)
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President/CEO: \_\_\_\_\_

Vice President/COO: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_

HR/Personnel Director: \_\_\_\_\_

Marketing/Sales: \_\_\_\_\_

Technology Manager: \_\_\_\_\_

Please estimate the percentage of your business in each area, totaling 100%:

\_\_\_\_\_ Uniform Rental      \_\_\_\_\_ Linen Supply      \_\_\_\_\_ Dust Control

\_\_\_\_\_ Customer Supplied Goods      \_\_\_\_\_ Healthcare Linen      \_\_\_\_\_ Other. Please specify: \_\_\_\_\_

Please tell us if your company is:     Union     Non-union     Publicly-owned     Privately-owned

How many employees does your company have? \_\_\_\_\_ How many plants does your company have? \_\_\_\_\_

Do you want the plant(s) to receive our mailings? \_\_\_\_\_ Where are your plants located? (Attach a separate sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_

**Section III: Association Dues**

To assess your company’s association dues, please use your most recently completed fiscal year to complete the following dues schedule. All information provided to TRSA is kept strictly confidential.

**Step 1: CALCULATE “ADJUSTED REVENUE”** – Complete the steps below.

- 1-A. Total “Linen Supply and Industrial” Sales >>> times 100% >>> = \$ \_\_\_\_\_ (+)
- 1-B. Total “Commercial Laundry (COG/NOG)” Sales = \$ \_\_\_\_\_ times 75% = \$ \_\_\_\_\_ (+)
- 1-C. “ADJUSTED REVENUE” volume that is the basis for Member’s Dues = \$ \_\_\_\_\_ (=)

**Step 2: SELECT “STARTING BASE and VOLUME FACTOR”**

REVENUE CATEGORY	REVENUE RANGE	MINIMUM DUES	MAXIMUM DUES	STARTING BASE	VOLUME FACTOR
1	\$0 to \$499,999	\$1,000	\$1,000	ONLY enter “Maximum Dues” in Step #3-E	
2	\$500,000 to \$999,999	\$1,500	\$1,500	ONLY enter “Maximum Dues” in Step #3-E	
3	\$1,000,000 to \$1,499,999	\$2,000	\$2,000	ONLY enter “Maximum Dues” in Step #3-E	
4	\$1,500,000 to \$17,999,999	\$2,500	\$18,340	\$1,060	0.00096
5	\$18,000,000 to \$69,999,999	\$18,340	\$27,700	\$15,100	0.00018
6	\$70,000,000 to \$569,999,999	\$27,700	\$62,700	\$22,800	0.00007
7	\$570,000,000 and More	\$62,700	\$62,700	ONLY enter “Maximum Dues” in Step #3-E	

- 2-A. Enter the “STARTING BASE” for Member’s Revenue Range = \$ \_\_\_\_\_
- 2-B. Enter the “VOLUME FACTOR” for Member’s Revenue Range = 0.000 \_\_ \_\_

**Step 3: CALCULATE 2010 GROSS DUES**

- 3-A. Copy the “ADJUSTED REVENUE” (Line #1-C) \$ \_\_\_\_\_ =
- 3-B. Copy the “VOLUME FACTOR” (Line #2-B) 0.000 \_\_ \_\_
- 3-C. MULTIPLY: (Line # 3-A) times (Line #3-B) \$ \_\_\_\_\_ = Amount over “Starting Base”
- 3-D. Copy the “STARTING BASE” (Line #2-A) \$ \_\_\_\_\_ = “Starting Base”

3-E. **ADD:** (Line #3-C) plus (Line #3-D)  
 For Catagories #1 thru #3 and #7, enter “Maximum Dues” \$ \_\_\_\_\_ = GROSS DUES

**Step 4: Discounts**

Members may take a discount for early payment or automated credit card payments. Please check the discount you wish to claim. For early payment discounts, payment must be received in the TRSA offices by Dec. 31, 2009; and for automatic credit card payments, a credit card number with expiration date and authorized signature must accompany this form.

- 4% Discount for full payment of 2010 Dues by check before Dec. 31, 2009
- 2% Discount for full payment of 2010 Dues by credit card before Dec. 31, 2009
- 1% Discount for quarterly automatic credit card payments

**Step 5: Payment**

Indicate your 2010 TRSA Dues and method of payment below.

Please bill my dues:  Annually  Semi-Annually  Quarterly

Check Payment

Automatic Credit Card Payment\*  One-Time Credit Card Payment

Card Type:  Visa  Master Card  American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card \_\_\_\_\_ Authorized Signature\*: \_\_\_\_\_

*\* By agreeing to this option, TRSA will charge your quarterly payments on March 31, June 30 and Sept. 30 or your semi-annual payment on June 30.*

2010 TRSA Dues (Line 3-E minus Discount) \$ \_\_\_\_\_

Payment Enclosed or to Be Charged \$ \_\_\_\_\_

*TRSA dues are not deductible as a charitable contribution for federal income tax purposes. However they may be deductible as a business expense subject to restrictions imposed as a result of association lobbying activities.*

**Section IV: Special First-Year Member Benefits**

Each new member company is eligible for special first-year benefits. Please check the items you would like us to send immediately:

One FREE 2010 Roster/Buyers' Guide

One FREE TRSA seminar registration, valid for one year from application date (not valid for MMI or PMI)

One FREE TRSA publication\*. Publication # \_\_\_\_\_

Receive 10% off any other publication orders during 2010

**Note:** When registering for a free seminar or ordering a free or discounted publication, simply write "Free" or "10% Discount" on the form.

*\* Excludes Washroom Test Kit, Chemicals, CD-ROMs and ProfitPoint™*

**Section V: Textile Rental Magazine**

As a textile rental member of TRSA, your company is entitled to **one free subscription for every \$120 in paid dues** to the association's award-winning magazine, *Textile Rental*. Please indicate below the names of other individuals from your company (in addition to those noted in Section II) that you would like to receive the magazine. (Attach a separate sheet if necessary).

Full Name

Formal Title

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section VI: Digital Library Subscriptions**

TRSA's Digital Subscription Library contains more than 130 publications, videos and computer media. The Library contains industry-specific resources on accounting, dust control, healthcare, production, sales and service and strategic management. **Access to the Digital Subscription Library is available to members at no additional cost. Contact TRSA at 703/519-0029 for a passcode.**

**Section VII: TRSAPAC — TRSA's Political Action Committee**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Address/City/State/Zip: \_\_\_\_\_

TRSAPAC is authorized to solicit voluntary contributions from **myself only** as a member of the executive and administrative personnel of my company for the following years.

**OR—**

TRSAPAC is authorized to solicit voluntary contributions from the executive and administrative personnel and stockholders of my company for the following years.

I understand that my company may not approve a solicitation by any other trade association for these years. (Federal law requires political committees to report the name, company, address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.)

My company is a:  sole proprietorship  partnership  corporation.

1. If your company is a **sole proprietorship** or a **partnership**, you need not sign the bottom portion of this prior approval form.
2. If you are the principal contact of a **corporation**, federal law **requires** you to sign the bottom portion of this prior approval form in order for the executive or administrative personnel of your corporation to be solicited. Based on the box marked above, this will give TRSAPAC permission to solicit voluntary contributions.

Please sign below on **each year** that permission is granted to solicit and bill, based on the box marked above.

_____ 2010	_____ 2011
_____ 2012	_____ 2013
_____ 2014	_____ 2015

**Section VIII: Committees**

TRSA committees provide program and policy direction for the association. We encourage you or a representative from your company to participate on one of our committees. Your participation not only provides leadership for the association but also gives your company an opportunity to increase its industry visibility and build new relationships.

Would key company personnel be interested in serving on a TRSA committee?  Yes  No  Maybe – Tell me more.

**Section IX: Referral**

If you were referred to TRSA by another member, please let us know their name and company name.

Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

**Section X: Contact Information**

Mail this application with your dues payment to: **Textile Rental Services Association of America (TRSA)**  
1800 Diagonal Road, Suite 200, Alexandria, VA 22314-2840

If you have any questions about the association or this application please contact us at:

Telephone: (703) 519-0029 • Toll Free: 877-770-9274 • Facsimile: (703) 519-0026 • Or visit our Web site at: [www.trsa.org](http://www.trsa.org)

**I swear and affirm that I have verified the information, including revenue and dues declarations, on this form is correct.**

Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Welcome to TRSA!**