



**THE ORGANIZATION THAT MAKES THE DIFFERENCE**  
**MEMBERSHIP APPLICATION**

The undersigned applies for membership in IPRO, a Missouri non-profit Corporation, and if elected, pledges to abide by its bylaws as now adopted or as they may be hereafter amended, and by all the rules in conformity therewith which do not conflict with the laws of the United States or of the states in which business is conducted.

Number of years in business \_\_\_\_\_ ( 1 year minimum required)

Corporate and/or Trade Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Web page \_\_\_\_\_

The firm operates as a \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Proprietorship  
If a Corporation, please provide names and addresses of all officers and directors and percentage of stock held. If a Partnership, please provide names and addresses of all partners and percentage of ownership.

Key Principal: \_\_\_\_\_

Shareholder/Partner \_\_\_\_\_

Shareholder/Partner \_\_\_\_\_

Shareholder/Partner \_\_\_\_\_

34157 W. 9 Mile Road, Farmington Hills, MI 48335

[www.ray@avreps.org](http://www.ray@avreps.org)

Call IPRO at (800) 420-4268

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Annual Sales: \$ \_\_\_\_\_

The firm was originally organized on \_\_\_\_\_, or acquired on \_\_\_\_\_.

Geographic Territory covered: (Please list exactly as described on vendor contracts)

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Do you currently operate branch locations? If so, please list below:

1. Name \_\_\_\_\_ Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Please list the Vendors that you currently represent:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List all trade organization affiliations:

_____	_____
_____	_____

Does your firm act as a distributor for any of your represented product vendors?

Yes \_\_\_\_\_ No \_\_\_\_\_

What trade name, if different from your representative firm, is used for the distributing program? \_\_\_\_\_

Do you distribute products that are not represented by your representative firm? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please list:

_____	_____
_____	_____
_____	_____
_____	_____

If elected to membership and our membership in the Organization is thereafter terminated in accordance with the bylaws of IPRO, we agree to accept such termination upon receipt of notice as provided by the Bylaws, and in the event of any membership termination (whether voluntary or involuntary) we further agree to discontinue all use of the Organization's name emblem, and any other references which would in any way imply or intimate that in the conduct of our business we have any connection whatsoever with the Organization.

We certify that we have carefully read and considered the foregoing questions and that the answers have been carefully prepared by us and we believe them to be true and complete. We further understand that processing this application will be delayed if the accuracy of our answers becomes an issue, and we agree that substantial errors in answers will be grounds for rejection of the application. We hereby certify that we meet each and every qualification set forth in the section entitled "Requirements for Membership" in this Application.

Sponsored by: (Minimum of two current IPRO Member Firms required).

_____	_____
_____	_____

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Applicant Firm \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Please forward this application and your check to:

IPRO

Raymond Wright

34157 W. 9 Mile Road

Farmington Hills, MI 48335