



Footwear Membership Application

Firm Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Web site: _____

By: _____ Title: _____ Email: _____

Dues to AAFA are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible by members as an ordinary and necessary business expense except for that portion attributable to association lobbying activities, which is 26%. Also, by applying for membership and providing the contact information you are giving AAFA permission to send via email, fax or mail specific communications to your company personnel listed within this application.

Footwear Member Dues Rates:

Please review the schedule below and compute your dues corresponding to your annual wholesale sales footwear sales.

Annual Domestic Sales:	Annual Dues Rates:
Up to \$1,000,000	\$ 1,100
\$1,000,001 - \$4,000,000	\$ 1,100 + \$.73/\$1,000 over \$1,000,000
\$4,000,0001 - \$12,000,000	\$ 3,290 + \$.59/\$1,000 over \$4,000,000
\$12,000,001 - \$23,000,000	\$8,010 + \$.29/\$1,000 over \$12,000,000
\$23,000,001 - \$116,000,000	\$11,200 + \$.22/\$1,000 over \$23,000,000
Over \$116,000,000	\$31,850 maximum

See last page for payment instructions.

AAFA Footwear Member Company Data Form

The information will be used only by AAFA as we do not sell or rent out our list of members. Please help us provide service to all departments within your company by providing contact information for positions listed.

Products or services offered (i.e. footwear components, leather, etc):

Plants, Divisions and Subsidiaries:

Brand Names:

Government Contractor: Yes No

Please provide contact names in the following areas of responsibility:

Name	Title	Email	Phone
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Administration/ Human Resources

Chairman of the Board

Chief Operating Officer

Customer Service

Customs Compliance/Tariffs

Exports

Finance/ CFO/Controller

Government Relations

IT /Chief Information Officer

Licensing

Marketing/Sales

President and Division Presidents

Press/Communications

Purchasing

Quality Assurance

Research/Product Development

Social Responsibility/Compliance

Sourcing

Traffic/ Transportation/ Distribution

Vendor Compliance

Payment Instructions:

Please make your check payable to American Apparel and **Footwear Association** and mail to 1601 North Kent Street, Suite 1200, Arlington, VA 22209 or complete the credit card information and fax to 703-522-6741. Contact Ralph Reinecke at reinecke@apparelandfootwear.org or 703-797-9043 with any questions about payment.

Fax to 703-522-6741

American Express ___ Visa ___ Master Card ___ \$ amount _____

Card # _____ Expiration Date _____

Name on Card _____

Signature of cardholder _____

I am enclosing \$ _____ with this application.

Prepared by: _____

E-mail: _____

Phone: _____