



SALES REPRESENTATIVE MEMBERSHIP APPLICATION

MAIL MSA Membership, 2025 M Street NW, Suite 800, Washington, DC 20036

PHONE (202) 367-1106 **FAX** (202) 367-2104

EMAIL info@museumstoreassociation.org

Sales Representative Membership is available to an individual currently engaged in providing sales representation services to non-profit/museum stores for a current MSA Vendor Member. **To be eligible for this membership, a sales representative must have an affiliation with at least one current MSA Vendor Member.** This membership category does not include voting privileges.

Please use this form if you are paying your membership dues via check or wire only. To pay via credit card, please [join online](#).

Name: _____

Sales Representative Company Name: _____

MSA Vendor Member Company Name: _____

Note: to be eligible for membership, a sales representative must represent a current MSA Vendor Member to non-profit/museum stores.

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: _____ Website: _____

Email: _____

BENEFITS OF MEMBERSHIP

- Receive all correspondence, including *Museum Store* magazine
- Register for and attend all association meetings, including chapter meetings
- Serve as a volunteer member of a task force, committee or at the Annual Conference & Expo
- Subscribe to electronic publications
- Access to MSA's website: www.MuseumStoreAssociation.org

PAYMENT (to pay via credit card, please [join online](#))

Annual Sales Representative Membership Dues: \$175

Addresses outside the U.S. add an additional \$50 for postage.

Check (Payable to MSA, drawn on a US bank in US dollars)

Please mail completed form and check to:

Museum Store Assn

PO Box 775742

Chicago, IL 60677-5742

This address accepts First Class Mail ONLY, please contact MSA if sending by special courier

Wire Transfer – MSA will contact you with instructions



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MSA is committed to welcoming qualified applicants to membership in MSA and will review your responses prior to your acceptance as a sales representative member.

Directions: In order to process your application, please answer the following questions.

- A. Please attach a list of the lines that you represent.
- B. Please describe your sales territory (Pennsylvania, East Texas, Los Angeles, etc.)

C. Please rank your top categories of products.

1. _____
2. _____
3. _____
4. _____

D. Please rank your top categories of customers (general gift, stationery, museum, etc..)

1. _____
2. _____
3. _____
4. _____

E. Please list the museums you sell to and/or work with.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | |

F. Please List the tradeshow you attend throughout the year.

1. _____
2. _____
3. _____
4. _____

G. Are you an independent sales representative, or part of a representative group?

- Independent Representative Group, please name: _____

Thank you!