



P.O. Box 1242, Bellmawr, NJ 08099-5242

BEAD STORE & VENDOR MEMBER APPLICATION

Please complete this form and return it with your membership dues to the above address.

Membership dues for September 1 through August 31: **\$50.00**

Date: _____

Check one: New member () Renewal ()

Owner's Name: _____

Owner's Address: _____

Owner's Phone: (Home) _____ (Cell) _____

Business Name: _____

Business Address: _____

Business Phone: _____ Email Address _____

Website: _____

1. Are you interested in participating in our Bead Rendezvous* program? Yes _____ No _____
2. If yes, how many beaders can your store accommodate? _____
3. What month(s) would you prefer to host a Bead Rendezvous? _____
4. Would you like to offer SJBS members a courtesy discount on purchases? Yes__ No__ % _____
5. Would you like your class schedules, business cards, or other information about your business to be displayed at our monthly meetings? Yes _____ No _____
6. Would you like us to place a link to your website on the SJBS website? Yes _____ No _____

Please share any comments, questions, or suggestions you may have: _____

Your
Signature: _____

*Please visit our website to learn about our Bead Rendezvous program: southjerseybeadsociety.org

Official use: Cash/MO/Ck# _____ Membership #: _____ Initials: _____