



www.sleepinformation.org

Membership Application

***2016/2017 Membership**

YES! I WANT TO JOIN THE SSA!

Applicant Information: Please be sure that all information is EXACTLY as you wish it to appear on the roster and website.

Company Name _____
 Delegate Name _____ Title _____
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Fax # _____
 Email _____ Website _____

Products sold (circle all that apply): Air • Memory Foam • Latex Foam • Bio/Eco Foam • Flotation • Bio-Based/Natural Products • Adjustables • Convertibles • Bed Frames Top-of-Bed/Bedding • Other _____

Type of business: RETAILER # of Stores* _____ Manufacturer/ Supplier Associate
 (*number of stores to be listed on the website)

Retailer	Annual Dues	Manufacturer	Annual Dues	Associate	Annual Dues
1 store.....	\$150.00	Class	Net Industry Sales	Class	
2 -5 stores.....	\$200.00	Class X, \$0-\$499,000.....	\$350.00	Class R, Manufacturer Representative....	\$125.00
6-10 stores.....	\$350.00	Class A, \$500,000-\$999,000.....	\$500.00	Class Z, Industry Associate	
11 – 20 stores...	\$500.00	Class B, \$1 million and over.....	\$1,000.00	(Not a Manufacturer).....	\$200.00
21 + stores	\$1000.00				

_____ Attached is a company summary description for our listing in the SSA website.

_____ Our company summary will be emailed to the address below.

Please send this completed application with your check made out to:

Specialty Sleep Association
 Attention: Tambra Jones, SSA Executive Director
 46639 Jones Ranch Road
 Friant, CA 93626
 Phone: 559-868-4187
 Fax: 888-220-6173
 Email: tambra@sleepinformation.org