



Southwest College Bookstore Association

Application for Vendor Membership

Company: _____

Please indicate the person who will be the designated voting representative for your company:

(First) (Last)

Please provide the following information for the designated representative of your company:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

E-mail Address: _____

Company business is: (Check one) Books Supplies Clothing
 Computers Services Other

Signature of Applicant

Date

Annual membership fee is \$75.00 per year. You will be billed upon membership approval by the SWCBA Board. Please return this application to:

Alex Aragon, CSP
SWCBA Administrative Assistant
P.O. Box 541
Las Vegas, NM 87701

Phone: 505-404-0436
Fax: 505-718-4132
Cell: 505-718-5055
Email: swcbaoffice@desertgate.com