

Southwest College Bookstore Association
Store/Vendor Application

Store/Vendor (Company)

Name: _____

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

First: _____ Last: _____

Do you represent other stores/companies/vendors: If Yes, please list company/product:

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

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

E-mail Address: _____

Company business is: (Check One) _____ Books _____ Supplies _____ Clothing

_____ Computers _____ Services _____ Other

*Are you currently a member of the National Association of College Stores (NACS): YES NO

*Are you currently a member of any State Bookstore Association? YES NO (If yes, which state?)

*Are you currently a member of any other College Bookstore Association? YES NO (If yes, please describe)

*this is informational only; not required for SWCBA membership consideration

Signature of Applicant

Date

Annual membership fee is \$125.00 per year. You will be billed upon membership approval by the SWCBA Board. Please return this application to:

Starla Marshall

Phone: 405-880-4131

5301 S Eagle Rd

Fax: 314-754-2667

Yale, OK 74085

Email: swcba@swcba.com