

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:

Method of Payment:

Check  Credit Card

Total: \$ \_\_\_\_\_

SWCBA Office

Attn: Kathryn Vanover

200 I Street N.E., Miami, OK 74354

 Cell: 918-533-1279

 Email: [swcba@swcba.com](mailto:swcba@swcba.com)

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