



Application Form for Membership
Distributor

Please complete the following form to help us determine if membership in OPEESA would benefit your company and if your company meets our Eligibility Requirements as found in our By-Laws under Article IV. Please answer each question fully. Information will be held in confidence by the OPEESA Board of Directors and staff.

Company Name _____

Street Address _____

Mailing Address *(if different from above)* _____

City, State, Zip _____

Telephone/Fax _____ / _____

Website _____

Is your business a Partnership Corporation Individually Owned

Is your company a Division Subsidiary

If so, who is the Parent Company? _____

What year was your business established? _____

Who are the firm's owners?

Name _____

Address _____

Name _____

Address _____

Who are the firm's officers?

Chairman _____

President _____

Vice President _____

Secretary _____

Treasurer _____

What person should be the primary contact at OPEESA?

Name _____ Title _____

Address if different than above _____

Email Address _____

How did you become aware of OPEESA?

Trade Publication Business Associate Other, please specify

OPEESA Member Name _____
(please list) Company _____

What is the closing date of your fiscal year? _____

How soon after is your Financial Statement available? _____ days.

Please list the major product lines you purchase:

Type of Supplier	Equipment	Engines/ OEM Parts	Years you have carried the line
Manufacturer			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate total sales volume for all suppliers including those major suppliers listed above:

\$1,000,000 to \$2,499,000 \$2,500,000 to \$4,999,000 \$5,000,000 to \$9,999,000 over \$10,000,000

Do you manufacture any of these lines? Yes No

If yes, which ones? _____

What percentage of your wholesale business is sold through Outdoor Power Equipment retailers? _____ %

Does your firm operate any branches? Yes No

If yes, how many branches? _____

Branches located at: _____

How many salespeople do you employ? _____

What is your territory? _____

Which of these wholesaling functions does your firm perform?

Warehousing Warranty and Representation Sales Credit & Collections

Advertising & Promotion Other (please specify)

The dues for membership in the Outdoor Power Equipment and Engine Service Association are based on your previous fiscal year's annual industry sales volume and are payable on an annual basis.

Please mark which category describes your company and return this completed application, with a check for the appropriate amount, to the OPEESA address noted below.

- | | | | |
|--------------------------|---------|---|------------|
| <input type="checkbox"/> | Class A | Sales over \$10,000,000 | \$1,410.00 |
| <input type="checkbox"/> | Class B | Sales between \$5,000,000 - \$9,999,999 | \$1,125.00 |
| <input type="checkbox"/> | Class C | Sales between \$2,500,000 - \$4,999,999 | \$ 850.00 |
| <input type="checkbox"/> | Class D | Sales between \$0 - \$2,499,999 | \$ 505.00 |

Please sign below and return to:

Outdoor Power Equipment and Engine Service Association
OPEESA
37 Pratt Street
Essex CT 0642601159
Tel: 860.767.1770 Fax: 860.767.7932

Company: _____

Applicant Name: _____

Applicant Signature: _____

Date: _____

Effective 10/1/07