



3943-2 Baymeadows Road  
 Jacksonville, FL 32217  
 Phone: (904) 737-2900  
 Fax: (904) 636-9881

**CVSN Manufacturer/Supplier Membership Application** **Please fill in all sections of this form**

Your application for membership will be reviewed by our Board of Directors who will make the final decision as to whether to accept or reject your company's application based on your relationship with the heavy duty independent distributor market segment.

<b>Company Name:</b>		
<b>Street/P.O. Box</b>		<b>Suite No.:</b>
<b>City:</b>	<b>State/Province</b>	<b>Zip/Postal Code:</b>
<b>Country:</b>	<b>Company Phone:</b>	<b>Company Fax:</b>
<b>Company E-mail:</b>		<b>Web site:</b>

**Primary Contact Information** This person will handle all correspondence with CVSN

<b>First Name:</b>	<b>Last Name:</b>
<b>Title:</b>	
<b>E-mail:</b>	<b>Phone:</b>

**Brands Sold or Distributed by Your Company**

**Brands sold or distributed:**

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**Which CVSN Members Do You Currently Supply?**

**List CVSN Member Companies you deal with here:**

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1. Sales Force: How many of the following people does your company employ?  
 Direct Salespeople \_\_\_\_\_  
 Manufacturer Sales Reps \_\_\_\_\_  
 Combination \_\_\_\_\_  
 Other \_\_\_\_\_  
 Total Sales People \_\_\_\_\_
2. Does your company offer training programs for distributors? Yes  No
3. Does your company do business in Canada and the US? Yes  No
4. Does your company belong to other trade associations? Please list: \_\_\_\_\_
5. Does your company belong to any Marketing groups? Please name: \_\_\_\_\_
6. Does your company have an O.E.S. network? Yes  No
7. If yes, please name the Truck or Engine Manufacturer and Program \_\_\_\_\_
8. Annual aftermarket parts volume:  
 \$0 - \$1,000,000   
  \$1,000,000 - \$5,000,000   
  \$5,000,000 - \$15,000,000   
  \$15,000,000 - \$30,000,000  
 \$30,000,000 - \$50,000,000   
  Over \$50,000,000

9. Please indicate the reason why you want to become a member of CVSN and what you expect to take away as a benefit. \_\_\_\_\_

**Please Circle Preferred Membership Dues Level**

LEVELS	DESCRIPTION	ANNUAL DUES
Level 1	This amount includes one (1) personal fee for the September Aftermarket Distribution Summit valued at \$525.00.	\$1,725
Level 2	Pay this amount if you do not or cannot attend the September Aftermarket Distribution Summit.	\$1,200
<b>NOTE: As a supplier member in good standing with CVSN, if your company attends the HDAW all-industry conference held each year you qualify for member rates and two full conference registrations for each 10 x 10 show booth. Your membership dues must be paid before September 30<sup>th</sup> of the previous year to qualify.</b>		
<b>Total Dues Paid</b>		<b>\$ _____</b>

**Payment Information**

Check # _____ has been sent in the mail	
Charge: <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX	
Applicant's Signature	Name on Card (Please Print)
Card Number	Expiration Date
Street Address & Zip Code (If Different from First Box in Application Above)	
Amount to be charged on card \$ _____	

**Payment Instructions**

<p><b>Remit Checks to:</b>  CVSN  3943-2 Baymeadows Road  Jacksonville, FL 32217</p> <p><b>Remit Credit Card Information to CVSN Office Address Above, Fax or E-mail</b></p> <p><b>CVSN also accepts electronic payments (ACH), please contact Ramona Greene for more details.</b></p> <p><b>PHONE:</b> (904) 737-2900 • <b>FAX:</b> (904) 636-9881 • <b>E-MAIL:</b> <a href="mailto:rgreene@cvsn.org">rgreene@cvsn.org</a></p>
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<b>Date of Application: (D/M/Y)</b>
<b>Print Name:</b>
<b>Signature:</b>