



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



CVSN/GenNext - 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.

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

Primary Contact Information This person will handle all correspondence with CVSN

First Name:	Last Name:
Title:	
E-mail:	Phone:

Brands Sold or Distributed by Your Company

Brands sold or distributed:

Which CVSN/GenNext Distributor Members Do You Currently Supply?

List CVSN/GenNext **Distributor** Member Companies you deal with here:

- Sales Force: How many of the following people does your company employ?
 Direct Salespeople _____
 Manufacturer Sales Reps _____
 Combination _____
 Other _____
 Total Sales People _____
- Does your company offer training programs for distributors? Yes No
- Does your company do business in Canada and the US? Yes No
- Does your company belong to other trade associations? Please list: _____
- Does your company belong to any Marketing groups? Please name: _____
- Does your company have an O.E.S. network? Yes No
- If yes, please name the Truck or Engine Manufacturer and Program _____
- 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/GenNext and what you expect to take away as a benefit.

Annual CVSN/GenNext Membership Dues	
DESCRIPTION	ANNUAL DUES
This amount includes annual membership for both CVSN and GenNext, an affiliate organization of CVSN. One low price for two great association memberships.	\$1,200
NOTE: As a supplier member in good standing with CVSN/GenNext, 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 October 31st of the previous year to qualify.	
Total Dues Paid	\$ 1,200

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>Remit Checks to: CVSN 3943-2 Baymeadows Road Jacksonville, FL 32217</p> <p>Remit Credit Card Information to CVSN Office Address Above, Fax or E-mail</p> <p>CVSN also accepts electronic payments (ACH), please contact Margo Reyes for more details.</p> <p>PHONE: (904) 737-2900 • FAX: (904) 636-9881 • E-MAIL: margo@cvsn.org</p>

Date of Application: (D/M/Y)
Print Name:
Signature: