

ORIA MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP (please check one) Regular Associate

Please indicate your company's FTC RN # _____

Name of the company applying for membership: _____

Date & Location of Company Incorporation: _____

Business Address: _____

Street Address

City/State/Zip Code

Telephone Number (s)

Fax Number (s)

Email Address

TYPE OF ORGANIZATION (please check one)

Corporation

Partnership

Sole Proprietorship

Names of affiliated companies and/or names of other companies under which you have done or now are doing business. _____

Number of years applicant has conducted business in the United States as a wholesaler/importer of oriental rugs in the capacity of principal. _____ Years

Please provide details in the space below:

OFFICERS OR PRINCIPALS

Name and Title: _____

Date of Birth: _____ Country of Citizenship: _____

Residency Status if not an U.S. citizen: _____

Home Address: _____

Street Address

City/State/Zipcode

Telephone Number

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OFFICERS OR PRINCIPALS (continued)

Name and Title: _____

Date of Birth: _____ Country of Citizenship: _____

Residency Status if not an U.S. citizen: _____

Home Address: _____
Street Address

City/State/Zipcode _____ Telephone Number _____

Name and Title: _____

Date of Birth: _____ Country of Citizenship: _____

Residency Status if not an U.S. citizen: _____

Home Address: _____
Street Address

City/State/Zipcode _____ Telephone Number _____

Nature and brief description of business activity (e.g. importer, wholesaler, buying agent, etc...).

Retail sales business (please check one) YES NO

If YES, please describe the business and indicate what percentage of your total business the retail portion represents.

Are you, any of your officers or principals, or your company, the defendant in any currant legal action or proceeding? (please check one) YES NO

If YES, please explain. _____

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TRADE AND OR SUPPLIER REFERENCES (in the United States)

Company: _____ Contact Name: _____

Business Address: _____
Street Address

City/State/Zipcode _____ Telephone Number (s) _____

Company: _____ Contact Name: _____

Business Address: _____
Street Address

City/State/Zipcode _____ Telephone Number (s) _____

BANK REFERENCE

Bank: _____ Contact Name: _____

Business Address: _____
Street Address

City/State/Zipcode _____ Telephone Number (s) _____

Type of Account (s): _____

QUESTIONS

Why do you wish to become a member of the Oriental Rug Importers Association, Inc.?

What do you feel you can contribute to The Oriental Importers Association, Inc. as a Regular or Associate member?

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QUESTIONS (continued)

In your opinion, what should the primary purpose, goal, or objective be of the Oriental Rug Importers Association, Inc.?

I certify to the best of my knowledge that the information provided herein is true and accurate.

Signature/Title

Date



Please return the completed application with TWO (2) letters of recommendation from current ORIA members to:

Membership Chairman
ORIA
400 Tenafly Rd, #699
Tenafly, NJ 07670