



# Membership Application to the Slipcover Network

Please check your choice of membership below

Full Membership \$45\_\_\_

Supporting Member \$25\_\_\_

Name of Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Website Address \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ How many years slipcovering? \_\_\_\_\_

Dreams for future in Slipcovers? \_\_\_\_\_  
\_\_\_\_\_

Payment total \_\_\_\_\_ Check \_\_\_\_\_

Credit card \_\_\_\_\_

CC # \_\_\_\_\_

Exp \_\_\_\_\_



Send photos of your slipcover work so that they be posted with your listing on the Slipcover Directory. Your business, could be our Feature business of the Month!