

START-UP

Complete the form below and send to choffman@sfia.org sign up for membership

■ RULES OF ELIGIBILITY

Start-Up Membership in the SFIA is open to any firm or corporation which is a manufacturer or retailer of products, or a provider of a technology or service used in sports, including, but not limited to, sports, fitness, athletic and recreation equipment, athletic apparel, and athletic footwear; a prime manufacturer of components for sports products; or a distributor of sports products marketed under the distributor's brand name or by a brand name licensee shall be eligible for Start-Up Membership in the Association.

- You've introduced your first product, service or app to market or are preparing to go to market within 24 months
- Maximum of 2 years as a Start-Up Member

Memberships are Jan 1. - Dec 31, renewing yearly

Membership Level (based on your annual revenue, check one)

ANNUAL REVENUE

ANNUAL DUES

\$1 Million and Below

\$575

By checking the box and signing below, I certify that the above revenues most accurately reflect the annual revenues of this company.

Signature

Payment Method : Electronic Bank Transfer Credit Card

Invoice & payment details will be sent to your email based on the selection above.

NOTE: These are not deductible as charity contribution, but are as ordinary and necessary business expenses. We estimate that 12.6% of your dues payment is allocable to lobbying and political activity, which is not deductible as an ordinary and necessary business expense. SFIA FEDERAL ID# 36-0753520.

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Company Name :

Best Address :

City :

State and Zip :

Best Phone :

Best Email :

Tax ID :

Each member company must designate a company executive to receive membership invoices and vote at all annual and special elections. Please list your company's representative:

Full Name :

Title :

Email Address :

By checking this box, SFIA has our permission to contact us regarding industry matters by email, fax, or mail as it deems appropriate. SFIA's Privacy Policy is available online at www.sfia.org. I have the authority to give this permission.

FULL NAME

President :	<input type="text"/>	Email :	<input type="text"/>
Marketing :	<input type="text"/>	Email :	<input type="text"/>
HR :	<input type="text"/>	Email :	<input type="text"/>
R&D :	<input type="text"/>	Email :	<input type="text"/>
Sales :	<input type="text"/>	Email :	<input type="text"/>

Send completed forms and questions to choffman@sfia.org