



**INDIAN DIAMOND & COLORSTONE ASSOCIATION, INC.**

(A Not-For-Profit Organization)

580 5<sup>th</sup> Avenue, Suite # 625, New York, NY 10036. (212) 921-4488 Email: office@idcany.org

**RETAILER MEMBERSHIP FORM**

Name of the Firm: \_\_\_\_\_

Registered Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Social Media Handles: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Main Business: \_\_\_\_\_

\_\_\_\_\_

Years in Business: \_\_\_\_\_

**Officers:**

**First Officer**

Name: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

**Second Officer**

Name: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

**I hereby agree to abide by the rules and regulations of the Association:**

Signature of applicant (First Officer): \_\_\_\_\_ Date: \_\_\_\_\_

**References:**

**Firm Name:** \_\_\_\_\_

Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Firm Name:** \_\_\_\_\_

Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Annual Membership Subscription: **Free**

Please mail completed Application & payment payable to "Indian Diamond & Colorstone Association, Inc" to the above address.