



THIS SPACE FOR OFFICE USE ONLY (V.2-03/09)
 Date rec'd in acctg. _____
 Amt. _____
 New member I.D. # _____

PRO COUNCIL APPLICATION

Or join online at www.sema.org/pro

- Yes, I would like to join PRO.** (Company must already be a SEMA member.)
- Send me more information on SEMA.**

Company Name _____
 Main Contact _____
 E-mail _____
 Street Address _____
 City _____ State _____
 Postal Code (ZIP) _____ Country _____
 Telephone (_____) _____ Fax (_____) _____
 Company Web Site _____

Mailing Address _____
 City _____ State _____
 Postal Code (ZIP) _____ Country _____

Business Description (must be completed, 25 words or less) _____

Professional Restylers Organization (PRO) **Referred by** _____
 Manufacturer/Importer \$150
 Warehouse/Multiline Distributor/Mfrs. Rep \$75
 Installer/Restyler/Service \$50

Council Affiliation Dues: \$ _____

Check or money order enclosed payable to **SEMA** (U.S. dollars only).

Circle one: VISA MasterCard American Express

Credit Card # _____ Exp. Date ____/____/____

CVV # (required)* _____

***Visa/MasterCard:** The last 3 digits of the card number printed in the signature space on the back of the card.
***American Express:** The 4-digit number printed above and to the right of the raised number on the front of the card.

Cardholder's Name _____

Cardholder's Billing Address _____

City _____ State _____ Postal Code (ZIP) _____

Signature _____

Council dues are nonrefundable. Membership dues subject to change without notice.