



1269 Bassett Road
Westlake, OH 44145-1116
Phone: (440) 899-5009 Fax: (440) 899-5013
Email: LEMTA@aol.com
Website: LEMTA.com

MEMBERSHIP APPLICATION

Basic Requirements for Membership

- ◆ Must be a business directly related to the recreational boating industry
- ◆ Must have been established for a minimum of one year
- ◆ Must be located within a 75-mile radius of Cleveland, Ohio in order to be an Active Member (Associate Members need not meet this requirement)
- ◆ Must have fully completed this application

Application Processing

- ◆ Applications should be submitted to LEMTA headquarters at 1269 Bassett Road, Westlake, OH 44145 to be forwarded to the membership committee for review.
- ◆ The application review may include an inspection and interview at the applicant's site of business, which would be conducted by the LEMTA president and/or members of the membership committee or board of trustees at a mutually convenient time.
- ◆ The application will then be presented by the membership committee to the LEMTA board of trustees for action.
- ◆ Applications for membership are submitted to the board of trustees in April/May and October/November each year. Applications filed by April 1 will be acted upon by the end of May and applications filed by October 1 will be acted upon by the end of November.
- ◆ Applications should include the \$100 initiation fee.

Membership Status Information

- ◆ Application must be for Associate Membership only. All new members must be Associate Members for one full year before becoming eligible to request an Active Membership, if desired.
- ◆ Associate Members wishing to establish Active Member status must meet all requirements as outlined in the LEMTA code of regulations and bylaws prior to requesting Active Status (a copy of the bylaws is enclosed herewith or available upon request).





MEMBERSHIP APPLICATION

Business name: _____

Representative's name: _____ Title: _____

Alternate representative: _____ Title: _____

Address: _____ City: _____

State: _____ Zip: _____ - _____ Phone: (____) _____ Fax: (____) _____

Email: _____ Web Site: _____

Type of business: _____ Date established: _____

Business is a: _____ Corporation _____ Partnership _____ Proprietorship

Do you participate in business other than the marine operation? _____ Yes _____ No

If "yes", please describe: _____

If "yes" to above question, what percentage of total business is attributable to marine? _____ %

COMPANY PROFILE DATA:

(The following information about sales, payroll, and employment is gathered for compilation into total association figures only. Service and product information is gathered here for inclusion in LEMTA's statistical summary only. It is *not used to determine merits* for association membership.)

Circle company's annual sales (marine operations only):	\$0000 - \$100,000	\$101,000 - \$250,000	\$251,000 - \$500,000
	\$501,000 - \$1,000,000	\$1,000,000 - \$2,000,000	Over \$2,000,000

Number of employees: _____ Full time _____ Part time:

Approximate annual marine payroll (include benefits) \$ _____

GENERAL INFORMATION:

Principal product lines for which you are a franchised dealer, distributor or manufacturer:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Services offered (circle applicable services)

- | | | | | | |
|----------------|-----------------|---------------------|--------------------|----------------------|---------------------|
| Boat Sales | Motor Sales | Trailer Sales | Accessory Dept. | Inflatable Sales | Ice |
| Service Dept. | Parts Dept. | Canvas/Ship/Service | Fuel Dock | Outdoor Storage | Restaurant |
| Indoor Storage | Launching Ramps | Travelift | Dockage Facilities | Transient Facilities | Dockside Elec/Water |

Other services (list) _____

Trade references: (Please list three marine suppliers to your firm)

_____	_____
Name	Location

_____	_____
Name	Location

_____	_____
Name	Location

MEMBER:



N.M.M.A.
NATIONAL MARINE
MANUFACTURERS ASSOCIATION



M.R.A.A.
MARINE RETAILERS
ASSOCIATION OF AMERICA



M.O.A.A.
MARINA OPERATORS
ASSOCIATION OF AMERICA



B.A.O.
BOATING ASSOCIATIONS
OF IO



I.A.E.M.
INTERNATIONAL ASSOCIATION OF
EXPOSITION MANAGERS



N.A.C.S.
NATIONAL ASSOCIATION OF
CONSUMER SHOWS

FOR LEMTA OFFICE USE ONLY

___/___/___ Date Received #_____ Check Enclosed \$_____ Amount

___/___/___ To Committee ___/___/___ To Board

Action Taken: _____