



# INTERNATIONAL SLEEP PRODUCTS ASSOCIATION MANUFACTURER MEMBERSHIP APPLICATION

U.S.

## Company Identification

PLEASE PRINT OR TYPE

Authorized Official/Primary Contact \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Web site \_\_\_\_\_

My company manufactures and sells direct to the public. Please indicate the \_\_\_\_\_% of your manufactured goods (by units) sold at retail.

## Product Classification

My company manufacturers (please check all that apply). Eligibility for manufacturer membership must be verifiable by website or catalogue.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Air Mattresses                | <input type="checkbox"/> Latex foam core mattresses              | TOP-OF-BED:<br><input type="checkbox"/> Pillows<br><input type="checkbox"/> Mattress Pads<br><input type="checkbox"/> Mattress Protectors<br><input type="checkbox"/> Mattress Toppers |
| <input type="checkbox"/> Boxspring & other foundations | <input type="checkbox"/> Mattresses for electric adjustable beds |  |
| <input type="checkbox"/> Crib mattresses               | <input type="checkbox"/> Polyurethane foam core mattresses       |  |
| <input type="checkbox"/> Flotation mattresses          | <input type="checkbox"/> Sleeper Sofa Mattresses                 |  |
| <input type="checkbox"/> Futons                        |  |  |
| <input type="checkbox"/> Innerspring mattresses        |  |  |
| <input type="checkbox"/> Institutional mattresses      | <input type="checkbox"/> Other _____                             |  |

## Signature and Date

We hereby apply for membership in the International Sleep Products Association, and certify that the information provided in this Application is correct. We agree to pay dues as established by the ISPA Board of Trustees in accordance with the bylaws of the Association.

\_\_\_\_\_  
Signature of a Company Official

\_\_\_\_\_  
(Date)

As new member, you receive a one year complimentary subscription to *BedTimes* magazine (12 x issues per year).

Check here  if you do not wish to receive *BedTimes* magazine

## Return of Application and Payment

Please scan to [joseph@sleepproducts.org](mailto:joseph@sleepproducts.org) or fax to 703/683-4503 or mail this Application with Dues payment in an envelope marked "CONFIDENTIAL" to:

**Treasurer, International Sleep Products Association, 501 Wythe Street, Alexandria, VA 22314**

Check enclosed—please mail check to above address and scan the application to [joseph@sleepproducts.org](mailto:joseph@sleepproducts.org)

Paying by credit card—you will receive an email with a copy of your invoice and a link to make electronic payment

To keep you informed about member issues such as industry updates, ISPA events, and/or other products and services, from time to time ISPA will communicate with you via email and /or fax.

ISPA memberships expire on December 31st and dues are calculated on a calendar year basis. **First year dues are pro-rated starting with the month joined**, second year dues are a full 12 months. Annual dues are based upon a running three-year average of your annual sales volume, expressed in wholesale dollars, in order to minimize fluctuating payment levels. Each year you will be asked for your most recent year's sales volume so a dues invoice can be generated.

<b>Confidential Volume Statement</b>
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The sales volume provided here will be held in strict confidence. It will be shared with no one other than ISPA's Treasurer, or as required by law. This information must be provided in order to process your application and will be used to calculate your dues invoice at renewal.

The volume statement is the total **wholesale value** of all finished sleep products manufactured for sale in the U.S. by your firm and its branches, subsidiaries and licensee plants for sales to retailers, institutions and consumers. **Convert any sales direct to the public** (i.e., factory-direct business) **to your wholesale equivalent and include it in the total**. Your sales volume covers mattresses (including those listed on front), foundations of all types and all other products for primary use as sleeping systems. **DO NOT INCLUDE** sales of any finished products purchased from other manufacturers and distributed by your company or sales of finished dual purpose sleep furniture.

List the wholesale value of your U.S. sales volume to the bedding industry for the three most recent full years and indicate the annual average below:

Please check here if you are a newly established company and have no previous sales history.

Year \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_      Three-year average sales volume = \$ \_\_\_\_\_

◆ Please note that if you have not checked the above box and you do not provide sales volume we will enter the minimum of \$1,000,000

<b>Dues Schedule</b>
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This dues schedule is applied to the most current three-year average sales volume (see above).

**AVERAGE ANNUAL U.S. BEDDING SALES      ANNUAL DUES—base on number of months left in join year**

Up to \$ 1,000,000 ..... \$1000 Minimum Dues  
 Over \$ 1,000,000 ..... \$1000 plus \$43 per \$100,000 of sales volume over \$1,000,000

**Additional Subscriptions:** If you wish free additional subscriptions to *BedTimes* for other employees please enclose a separate sheet with employees name and contact information.

**NOTE:** Any member who wishes to exhibit at our ISPA EXPO - components, machinery or services for use in the design, manufacture, distribution, transport, marketing, selling or recycling of finished sleep products - at the member discounted rate, must be a supplier member in good standing (that is, membership dues are fully paid) at the time an exhibit contract is submitted to ISPA as well as at the time of the EXPO. This means that a manufacturer member with ISPA must become a supplier member in order to exhibit under these circumstances. Please email [jsoeth@sleepproducts.org](mailto:jsoeth@sleepproducts.org) with questions.

<b>Dues Calculation</b>
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ISPA memberships expire on December 31st and dues are calculated on a calendar year basis. **First year dues are pro-rated starting with the month joined**, second year dues are a full 12 months. Apply the above dues schedule to your three-year average sales volume (above), and enter below. Enclose this application with payment (see front).

Annual ISPA Dues based upon three-year average and number of months left in join year \$ \_\_\_\_\_

**Note:** This payment may be deductible by ISPA members incorporated in the U.S. as an ordinary and necessary business expense; however, contributions or gifts to ISPA are not deductible as charitable contributions for federal income tax purposes.

**Privacy Notice:** ISPA may list member company names on the ISPA website and may include a member's company name, address, the names of company personnel and other identifying information in lists that may be leased from ISPA for promotional purposes on a one-time basis through bonded mailing house services.