

# DESIGNER REWARDS

## MEMBERSHIP APPLICATION

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

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

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Company Type: (select all that apply):

- Builder  Interior Designer  
 K&B Professional  Architect  
 Other: \_\_\_\_\_

Primary Area of Practice (select all that apply):

Government/Institutional

- Residential  Education  
 Healthcare  Hospitality  
 Commercial  Retail  
 Other: \_\_\_\_\_

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

Mail, Fax or Email to:

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Wheeling, IL 60090

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