



Representing Professional Managers of Surplus Assets

# Investment Recovery Association

## MEMBERSHIP APPLICATION

PO Box 419264  
Kansas City, MO 64141  
(816) 561-5323  
FAX (816) 561-1991

Membership shall be limited to business or governmental entities, foreign or domestic, having an ongoing investment recovery program for the disposition of surplus assets which program is ancillary to the entities' principal business activity. Provided, however, that membership shall not be open to entities which are brokers or dealers in the sale, purchase or exchange of surplus goods and commodities.

**PLEASE TYPE OR PRINT INFORMATION**

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

Company Representative: \_\_\_\_\_ Nickname for Conference Badge: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

*(The Member Representative shall act as the firm's representative to the Association and shall have as a major responsibility of their employment the supervision and/or administration of the employer member's in-house investment recovery program.)*

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

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip+4: \_\_\_\_\_

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

E-Mail (Company Representative): \_\_\_\_\_ Company Web Site Address: \_\_\_\_\_

SIC Code: (Standard Industrial Classification) \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

Is the Company publicly held? [ ] Yes [ ] No

Is the Company incorporated? [ ] No [ ] Yes - In what state? \_\_\_\_\_

Description of Principal Business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company's Gross Annual Sales: \_\_\_\_\_

Number of Employees in Investment Recovery Activities: \_\_\_\_\_

Department Responsible for Investment Recovery Function?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Describe, **in detail**, the way investment recovery activities are carried out in your company (i.e. source of surplus, how IR function acquires material, disposition methods, recycling programs, etc. Please use attachments if necessary):

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Do you purchase surplus equipment or materials?     YES     NO

If, YES, What is done with the surplus items that are purchased? \_\_\_\_\_

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Please indicate the Investment Recovery Association Member Companies that could be used as references:

1. Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_
2. Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_
3. Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**FEES and DUES - \$600.00**

The Association's Tax Identification number is 38-2417353.

A check or credit card information for \$600 (one time Initiation Fee of \$200 and Annual Dues of \$400) *must accompany* the application for membership. Proration of dues will appear on second year's dues notice for those joining during the year. Fiscal Year: January 1 through December 31. Should the application for membership not be accepted, fees and dues will be returned. Make check payable to the Investment Recovery Association.

**STATEMENT:** "Contributions or gifts to the Investment Recovery Association are not deductible as charitable contributions for federal income tax purposes. Dues payments are deductible by members as an ordinary and necessary expense." See 10701 of the Revenue Act of 1987.

Please charge my VISA MC AMEX \$ \_\_\_\_\_ [ ] VISA [ ] MasterCard [ ] American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

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

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