



Application for Membership

Company: _____ Website: _____

Mailing Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____

Contact Name & Title: _____ Email: _____

(This person will be listed as the principal contact and will be the designated voting representative for your firm)

I am applying for membership in the following Class: _____ # of offices: _____ # of employees: _____

Years in business : _____ Other Industry Associations: _____

I was referred by Name/Company: _____

MEMBERSHIP CLASS & ANNUAL DUES

- Class A** - consists of persons actively engaged in the Textile Maintenance Services Industries in Massachusetts.
Single Plant Members - \$500.00 Multiple locations processing and/or depots - \$1200.00
- Class B** - consists of persons actively engaged in the Textile Maintenance Services Industries in Connecticut, Maine, New Hampshire, New Jersey, New York, Rhode Island, and Vermont.
Single plant members - \$500.00 Multiple locations processing and/or depots - \$1200.00
- Class C** consists of persons engaged in business allied with the Textile Maintenance Services Industries or others whose interests are common with the above Industry. **All companies - \$500.00**

**NELA's dues covers the period of August 1 - July 31. Companies joining mid-year will be credited on their second year's dues.*

PAYMENT AMOUNT: \$ _____

PAYMENT METHOD: Check Enclosed (payable to NELA) Credit Card (circle one) Visa MasterCard AMEX

Name as it appears on card: _____

Credit Card Number: _____ Exp. Date: _____ CCV#: _____

Card Billing Address: _____

City/State/Zip: _____

Signature: _____

MEMBERSHIP AGREEMENT

In submitting this membership form to the Northeast Laundry Association, I understand that I must agree to the following:

- 1) Abide by the By-Laws and all amendments thereto.
- 2) Membership in this Association shall run continuously from year to year, until terminated, in writing, by resignation or dismissal.
- 3) Pay dues in full at time of application.

Company: _____ Date: _____

Signature (Officer of Corporation): _____

Name/Title of Representative (print or type): _____

Please complete this form and send it with your payment to: **Northeast Laundry Association**
 P.O. Box 190, Hogansville, GA. 30230
 Phone: 706.637.8871 Fax: 706.637.8875
 Email: suzette_evans@bellsouth.net Web: www.nelaundry.org

(Application Continues on Back)

JOIN TODAY!

Keep on Top of Legislation and Regulations Affecting Your Company
Meet Other Industry Professionals
Participate in Programs on the Major Issues Determining Your Business' Future

SPRING SEMINAR & FALL CONFERENCE:

Informative meetings keep you in touch with issues concerning your industry. Topics are of benefit to owners, managers, and staff. Meetings give you maximum exposure to the issues, innovations, and decision-makers influencing your business. Members can attend all meetings at a **DISCOUNTED RATE**, allowing you to bring additional staff members. You also have the opportunity to participate in fun group activities, allowing you to network and meet other professionals working in your industry. These meetings give you the chance to associate with others who have survived the lean years and prospered in the good years. Share common concerns, find practical solutions, and help build a better industry.

GOLF OUTINGS: Opportunity to meet other professionals in an informal atmosphere on the golf course. Prizes are awarded for the winning team and for various contests.

WEBSITE: This benefit for members provides updates on issues affecting the industry, news from members, and highlights of events. You also can find the latest information on upcoming events and how to register. All member companies receive a free link from our member page to their home page as another way to increase their current business.

ADDITIONAL CONTACTS: Each of your company's offices may receive NELA's publications, provided that the headquarter office maintains an active, dues-paid status. Please include the mailing address and a contact name for each office (please use a separate sheet if you need additional space.)

Contact/Title: _____

Address: _____ City/St/Zip: _____

Telephone: _____ Email: _____

Contact/Title: _____

Address: _____ City/St/Zip: _____

Telephone: _____ Email: _____

Contact/Title: _____

Address: _____ City/St/Zip: _____

Telephone: _____ Email: _____

NELA OFFICERS & DIRECTORS

President:

David Desmarais,
Aladco Linen Services

Vice President:

Eric Gianci,
Metropolitan Linen Services

Secretary:

Leo P. Villari, Jr.,
North Star Rental Systems, Inc.

Treasurer:

Ken DeDominici,
Churchill Linen Service, Inc.

Directors:

Mike Benik,
People's Laundry, Inc.

Bob Boyea,

Gurtler Industries

Jerry Kowalczyk,

Calderon Textiles.

Cesar Martinez,

AmeriPride Services

Laurence Mase,

BLC Textiles, Inc.

Chris Norton,

American Dawn, Inc.

James L. O'Hara

Falvey Linen & Uniform Supply

Bill Ross,

UniFirst Corporation

George Spiliotis,

Crown Uniform & Linen Service

Executive Director:

Ron Evans

R.J. Evans & Associates

Please check the services your Class A/B company provides: Linen Supply Industrial Service Commercial Laundry Gloves & other items Fender Covers Rent Textile Products Shop Towels Uniforms Floor Mats Mops
 Other – Please specify: _____

Please check the services your <u>Class C</u> company provides:				
<input type="checkbox"/> Apparel, Career	<input type="checkbox"/> Detergent	<input type="checkbox"/> Equipment, Sales	<input type="checkbox"/> Mats	<input type="checkbox"/> Soap Systems
<input type="checkbox"/> Building Design	<input type="checkbox"/> Dispensers, Cloth Towel	<input type="checkbox"/> Flat Goods	<input type="checkbox"/> Paper Products	<input type="checkbox"/> Table Linens
<input type="checkbox"/> Chemical Injection	<input type="checkbox"/> Dust Control	<input type="checkbox"/> Hangers	<input type="checkbox"/> Parts	<input type="checkbox"/> Training
<input type="checkbox"/> Chemical	<input type="checkbox"/> Emblems	<input type="checkbox"/> Laundry Textiles	<input type="checkbox"/> Restroom Products	<input type="checkbox"/> Uniforms – Manufacturers
<input type="checkbox"/> Computer Systems	<input type="checkbox"/> Equipment, Parts	<input type="checkbox"/> Machinery Maintenance	<input type="checkbox"/> Service Apparel	<input type="checkbox"/> Uniforms – Supply
<input type="checkbox"/> Consulting	<input type="checkbox"/> Equipment, Rental	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Skin Care	<input type="checkbox"/> Waste Water Systems