



# MEMBERS' ORDER FORM FOR LABELS AND/OR REPORTS

## 1 COMPANY INFORMATION

Today's Date \_\_\_\_\_

Company Name \_\_\_\_\_ SEMA Membership No. \_\_\_\_\_

Contact \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

The labels/reports are for SEMA-member businesses only. The member shall not distribute, cause or permit the labels/reports to be copied, reproduced, photocopied, entered into a computer database, or otherwise duplicated in any format, in whole or part. The labels/reports are "seeded" to detect unauthorized use. A violation by a recipient of these terms could subject the recipient to suit for breach of contract and liability for damages for any losses suffered by the association, as well as cancellation of SEMA membership. **THIS REQUEST WILL NOT BE PROCESSED UNTIL THIS SECTION IS COMPLETED!**

How do you intend to use the labels/reports? \_\_\_\_\_

I agree to these terms. SIGNATURE REQUIRED \_\_\_\_\_

## 2 LABELS\* and/or REPORTS REQUEST

\*Note: all labels are CASS certified.

Choose either A or B, and/or C below, then complete mandatory questions on right →

### Choice A.

All Member Companies

Include foreign companies? (alpha sort only)

Yes  No

Please select a format:

Labels  Reports

Choose Sort:

Company name  ZIP code

### Choice B. Specific SEMA Categories (Customized orders not available)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Advertising/Marketing Agency | <input type="checkbox"/> Mail Order Company    | <input type="checkbox"/> Street Rod Dealer                   |
| <input type="checkbox"/> Association                  | <input type="checkbox"/> Manufacturer          | <input type="checkbox"/> Tire Dealer                         |
| <input type="checkbox"/> Car Club                     | <input type="checkbox"/> Manufacturers Rep.    | <input type="checkbox"/> Trade Schools/Universities/Colleges |
| <input type="checkbox"/> Car Dealer                   | <input type="checkbox"/> Promoter              | <input type="checkbox"/> Truck Accessory Retailer            |
| <input type="checkbox"/> Consultant                   | <input type="checkbox"/> Publisher/Media Co.   | <input type="checkbox"/> Vehicle Assembler                   |
| <input type="checkbox"/> Export Management Co.        | <input type="checkbox"/> Race Industry Support | <input type="checkbox"/> Warehouse/Multiline Dist.           |
| <input type="checkbox"/> Importer                     | <input type="checkbox"/> Restorer              |  |
| <input type="checkbox"/> Installer/Restyler           | <input type="checkbox"/> Retailer              |  |
| <input type="checkbox"/> Internet-Related Services    | <input type="checkbox"/> Service               |  |
| <input type="checkbox"/> Jobber                       | <input type="checkbox"/> Sole/Exclusive Dist.  |  |

If multiple categories chosen:

- Combine categories  
 Print individual categories separately

### Choice C. Specific SEMA Councils

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Automotive Restoration Market Organization (ARMO) | <input type="checkbox"/> Manufacturers Rep Council (MRC)                | <input type="checkbox"/> Wheel & Tire Council (WTC) |
| <input type="checkbox"/> Hot Rod Industry Alliance (HRIA)                  | <input type="checkbox"/> Motorsports Parts Manufacturers Council (MPMC) |   |
| <input type="checkbox"/> Light Truck & Accessory Alliance (LTAA)           | <input type="checkbox"/> Professional Restylers Organization (PRO)      |   |
|  | <input type="checkbox"/> Sport Compact Council (SCC)                    |   |

If multiple councils chosen:

- Combine councils  
 Print individual councils separately

## 3 PAYMENT METHOD SECTION

Please send me Labels and/or Reports for a processing charge of \$150.\*  
Order will not be processed until payment is received. Please allow 30 days to process your order.

Check or money order enclosed, payable to SEMA (U.S. dollars only).

Circle one: VISA    MasterCard    American Express

Credit card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_    CVV#\*\* (required): \_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Signature \_\_\_\_\_

\*\*Visa/MasterCard: The last 3 digits of the card number printed in the signature space on the back of the card.  
\*\*American Express: The 4-digit number printed above and to the right of the raised number on the front of the card.

\*Full charge for orders including 31 or more names—no charge for 30 or less.

## 4 MAIL OR FAX COMPLETED FORM

Mail completed form with payment, or fax (credit card only) to SEMA Headquarters • Attn: Membership Dept • P.O. Box 4910 • Diamond Bar, CA 91765 • Fax 909/396-5440  
For questions, call 909/396-0289    Visit [www.sema.org](http://www.sema.org) & [www.enjoythedrive.com](http://www.enjoythedrive.com)