

TEXTILE EXCHANGE MEMBERSHIP APPLICATION

Name:	
Business Title:	
Organization:	
Address:	
City, State/Province, Country, Post Code	
Phone and Fax	Phone: _____ Fax: _____
E-Mail:	
Company web address:	
Industry Segment:	<input type="checkbox"/> Apparel <input type="checkbox"/> Home Furnishings <input type="checkbox"/> Personal Care Other: _____
Expertise:	<input type="checkbox"/> Farmer <input type="checkbox"/> Certifier <input type="checkbox"/> Ginner <input type="checkbox"/> Merchant/Broker <input type="checkbox"/> Spinner <input type="checkbox"/> Fabric Mill <input type="checkbox"/> Dye House & Finisher <input type="checkbox"/> Cut & Sew <input type="checkbox"/> Vertically Integrated Mill <input type="checkbox"/> Sourcing Agent <input type="checkbox"/> Wholesalers <input type="checkbox"/> Retailer <input type="checkbox"/> Financial Services <input type="checkbox"/> Professional Services Other: _____
Product Offering:	<input type="checkbox"/> Farm Input <input type="checkbox"/> Seed <input type="checkbox"/> Fiber <input type="checkbox"/> Yarn <input type="checkbox"/> Fabric <input type="checkbox"/> Sheets <input type="checkbox"/> Finished Goods <input type="checkbox"/> Capital <input type="checkbox"/> Professional Services <input type="checkbox"/> Logistics Other: _____
General Membership Levels (please indicate a level of membership):	

Please return this form to Jeff Wilson, Director of Business Value, Textile Exchange by email at Jeff@TextileExchange.org. Upon receipt you will be sent an invoice for your 2017 membership pledge.