

KAMA MEMBERSHIP BENEFITS

MONTHLY MEMBERSHIP FEE \$37

한 인 의 류 협 회 (K A M A)

Member Benefits

- COVID-19 Test Discount
- Free Online Market Place (무료입점)
www.alloffprice.com
www.fashiondomino.com
- UPS Discount
- FedEx Discount
- DHL Discount
- Garment Testing Service Discount
- Production Software Discount
- Time warner Cable Discount

Services

- www.Kamainfo.org
members website
- KAMA Email Newsletter
- Garment Certificates of
Registration Renewal
- KAMA Fashion District Directory
- Seminars
- Legal Service Referral
- Bad Debt Consulting Referral
- Small Claim Advisor Contact
- Poster, Store Policy
- Variety Topic Agreement Form
- Bad Customer Inquiry
- Trade Show Schedule



한 인 의 류 협 회 (K A M A)

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1458 S. SanPedro St. # L-60 LA, CA 90015

KAMA MEMBER APPLICATION



Korean
American-Apparel
Manufacturers
Association

1. Type of Ownership (Check One)

☐ Individual ☐ Partnership ☐ Limited Liability ☐ Corporation ☐ Other _____

2. Company Name: _____

3. Doing Business As (DBA) Name(s): a. _____ b. _____ c. _____

4. Name of Owner: First: _____ Middle: _____ Last: _____

5. Main Office Address:

Street

City State Zip

Phone Fax

E-Mail

6. Factory/Store/Showroom Address:

Street

City State Zip

Phone Fax

Website

7. Product Line:

☐ AS ☐ CD ☐ DN ☐ DR ☐ MA ☐ UF
☐ WC ☐ WJ ☐ WJC ☐ WM ☐ WP ☐ ETC

AS: Active Sports

UF: Uniform

WP: Woman Plus

CD: Children

WC: Woman Contemporary

WM: Woman Missy

DN: Denim

WJ: Woman Junior

ETC: Accessory / Bag / Fur / Hat / Shoe

DR: Dress

WJC: Woman Junior Contemporary

MA: Man

8. Manufacture from: Domestic (%) Outside of U.S. (%) Name of Country _____

9. Fashion Domino Membership: YES ☐ NO ☐

10. Electronic Auto Renewal Payment Service Enrollment Form

I hereby authorize Korean American-Apparel Manufacturers Association to initiate debit entries to my Checking Account/Saving Account and depository financial institution indicated below.

Please provide the following

Depository (Bank) Name : _____ Branch: _____

City: _____ State: _____ Zip: _____

* Routing Number: _____

* Account Number: _____

* Copy of voided check - Return with this application

This authorization is to remain in effect until KAMA has received written notification from me of its termination.

Name: _____ Title: _____ Date: _____

Signature: _____