

# AMERICAN SUPPLY ASSOCIATION MEMBERSHIP APPLICATION for Wholesale Distributors



## **CRITERIA FOR MEMBERSHIP**

Section III of the American Supply Association by-laws states:

### ACTIVE MEMBERS

An Active Member is defined as a proprietorship, partnership or corporation (1) primarily engaged in wholesale distribution for a period of not less than one year, of plumbing, or heating, or cooling products, and/or pipe, valves and fittings, in the United States, its territories, and Canada, and (2) providing such wholesale distribution functions as maintaining and owning a diversified inventory of industry products, breaking bulk shipments, providing delivery services, extending credit to diversified and varied customers and providing sales and technical assistance to suppliers and to diversified and varied customers.

### VENDOR MEMBERS

A Vendor Member is defined as a proprietorship, partnership, corporation, limited liability company or other business entity engaged, for a period of not less than one year, in the United States, its territories, and Canada, in:

*the master wholesale distribution of plumbing, or heating, or cooling products, and/or pipe, valves and fittings, substantially (over 90%) to entities qualifying for Active Membership as above, and in providing such wholesale distribution functions as maintaining and owning a diversified inventory of industry products, breaking bulk shipments, providing delivery services, extending credit to diversified and varied customers and providing sales and technical assistance to suppliers and to diversified and varied customers; or*

*the manufacture of plumbing, or heating, or cooling products, and/or pipe, valves and fittings; or*

*the manufacture of goods or provision of services (other than the manufacture, sale or distribution of plumbing, or heating, or cooling products, and/or pipe, valves and fittings) utilized by entities qualifying for Active Membership under above; or*

*the independent sales representation of manufacturers of plumbing, or heating or cooling products, and/or pipes, valves and fittings (PHCPI); provided that the independent sales representative represents at least two PHCPI manufacturers and maintains an office separate and apart from, and independent of, any such manufacturers or wholesaler firms.*

NOTE: Acceptance of Membership Application is subject to approval by ASA Board of Directors.



AMERICAN SUPPLY ASSOCIATION  
222 Merchandise Mart Plaza, Suite 1400, Chicago, IL 60654  
PHONE: (312) 464-0090 • FAX: (312) 464-0091 • E-MAIL: info@asa.net • WEBSITE: www.asa.net

### ASA Policy of Members Use of ASA Name and Logo

*The ASA logo is a trademark of the American Supply Association. Members in good standing of ASA are permitted to use the logo for identification purposes only, on their web sites and on business forms such as letterheads, business cards, shipping documents, general advertising and promotional materials. Use of the ASA name, your membership status or the ASA logo does not indicate, directly or indirectly, an endorsement of a product, service or program by ASA and no such use by any member is allowed. Nonmembers are prohibited from using the logo.*

FOR ASA USE ONLY: Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Acknowledged: \_\_\_\_\_ Processing Completed: \_\_\_\_\_ Follow-up: \_\_\_\_\_

**Please continue to back side**

# 1 COMPANY INFORMATION

Please PRINT or TYPE. All correspondence will be sent to the individual at the address listed below.

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

DIRECT E-MAIL \_\_\_\_\_ DIRECT PHONE \_\_\_\_\_ DIRECT FAX \_\_\_\_\_

GENERAL PHONE \_\_\_\_\_ GENERAL FAX \_\_\_\_\_ WEBSITE \_\_\_\_\_

THIS FORM WAS COMPLETED BY:

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

# 2 CONTACT NAMES

The individuals listed below will be included in the next edition of the Membership Directory/Resource Guide. Please include address information only if it is different than BOX 1. Make additional copies of this form if needed.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ DIRECT PHONE \_\_\_\_\_ DIRECT FAX \_\_\_\_\_

Check here if individual should receive correspondence.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ DIRECT PHONE \_\_\_\_\_ DIRECT FAX \_\_\_\_\_

Check here if individual should receive correspondence.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ DIRECT PHONE \_\_\_\_\_ DIRECT FAX \_\_\_\_\_

Check here if individual should receive correspondence.

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### DUES STRUCTURE

Payment for Annual Dues must accompany this application. **Proration of dues will appear on second year's notice for those joining during the year.** (Fiscal year: January 1 through December 31.)

Dues, contributions or gifts to ASA are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense. **Dues schedule (below) is valid until 12/31/08.**

## 3 ANNUAL DUES

SALES RANGE

- |   |          |
|---|----------|
| <input type="checkbox"/> Less than \$1M | \$ 585   |
| <input type="checkbox"/> \$1M to \$2M   | \$ 700   |
| <input type="checkbox"/> \$2M to \$5M   | \$ 880   |
| <input type="checkbox"/> \$5M to \$10M  | \$ 1,170 |
| <input type="checkbox"/> \$10M to \$15M | \$ 1,750 |
| <input type="checkbox"/> \$15M to \$25M | \$ 2,110 |

## ANNUAL DUES

SALES RANGE

- |   |          |
|---|----------|
| <input type="checkbox"/> \$25M to \$50M   | \$ 2,340 |
| <input type="checkbox"/> \$50M to \$125M  | \$ 2,920 |
| <input type="checkbox"/> \$125M to \$250M | \$ 5,850 |
| <input type="checkbox"/> \$250M to \$500M | \$11,690 |
| <input type="checkbox"/> \$500M +         | \$18,700 |

Please make check payable to American Supply Association (ASA).

#### CONFIDENTIALITY NOTICE:

This information will be held in the strictest of confidence and will not be made available to any individual or organization outside of American Supply Association (ASA) headquarters.

## 4 BUSINESS INFORMATION

The following is submitted for consideration by the Board of Directors in connection with the application for membership.

1. Is your Business a:     Sole Ownership     Partnership     Corporation
2. How long has the business been operated under the present ownership? \_\_\_\_\_ YEARS
3. Please indicate your total number of employees: \_\_\_\_\_ EMPLOYEES
4. Indicate the wholesale lines regularly sold and the percentage of total sales
 

|                            |                               |                                |
|----------------------------|-------------------------------|--------------------------------|
| Air Conditioning _____ %   | Mill Products _____ %         | Pipe, Valves, Fittings _____ % |
| Electrical _____ %         | Plumbing Supplies _____ %     | Pumps, Well Supplies _____ %   |
| Heating, Hydronics _____ % | Solar Heating/Cooling _____ % |                                |
5. How many branches do you maintain from which sales are made, stock maintained and from which merchandise is distributed to customers? \_\_\_\_\_ NUMBER OF BRANCHES
6. Do you maintain a retail store?     YES     NO (if no, please go to Question #10)
7. Are the retail and wholesale businesses kept and run separately?     YES     NO
8. What percentage of your sales are retail? \_\_\_\_\_ %
9. Do you maintain a showroom?     YES     NO
10. Do you perform, directly or indirectly, the functions of a plumbing and/or heating-cooling contractor?     YES     NO

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# MEMBERSHIP DIRECTORY INFORMATION

## 5 BRANCH LOCATIONS (optional)

Please list below your Branch Locations. The locations listed below will be included in the next edition of the Membership Directory/Resource Guide. Make additional copies of this form if needed.

COMPANY NAME \_\_\_\_\_ DIVISION OF \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

Check here if individual should receive correspondence.

COMPANY NAME \_\_\_\_\_ DIVISION OF \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

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COMPANY NAME \_\_\_\_\_ DIVISION OF \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

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NAME \_\_\_\_\_ TITLE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

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