

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.

Please continue to next page

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 12/31/07.**

3 ANNUAL DUES

SALES RANGE

- Less than \$1M \$ 550
- \$1M to \$2M \$ 660
- \$2M to \$5M \$ 830
- \$5M to \$10M \$ 1,100
- \$10M to \$15M \$ 1,650
- \$15M to \$25M \$ 1,985

ANNUAL DUES

SALES RANGE

- \$25M to \$50M \$ 2,205
- \$50M to \$125M \$ 2,755
- \$125M to \$250M \$ 5,515
- \$250M to \$500M \$11,025
- \$500M + \$17,640

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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