AMERICAN SUPPLY ASSOCIATION VENDOR MEMBERSHIP APPLICATION for Manufacturers' Representatives



CRITERIA FOR MEMBERSHIP

Article III of the Association's Bylaws provides for the classifications, eligibility, voting rights and privileges admission, termination and reinstatement of all members.

1. COMPANY INFORMATION

This information wil	l be included i	n both the	public and	members-onl	y membership	directories.

COMPANY NAME	
Applicant is a (select one): Sole Ownership Partnership Corporation LLC	
Applicant has operated under the present ownership (indicate since year or # of years)	_
HQ ADDRESS	
CITY, STATE, ZIP	
MAIN PHONE	
MAIN FAX	
WEBSITE	
TERRITORY COVERED (i.e. list each state/province)	
MAJOR LINES REPRESENTED (i.e. List at least two and as many as five major PHCP-PVF manufacturers)	
2. MAIN MEMBERSHIP CONTACT Select information (*) is included in the public membership directory. Unless otherwise indicated, telephone(s), fax and e-mail information will be included only in the members-only membership directory. * NAME	
* POSITION/TITLE	
* MAILING ADDRESS	
* CITY, STATE, ZIP Do No Include	
DIRECT PHONE	
DIRECT FAX	
CELL PHONE	
E-MAIL ADDRESS	
3. ANNUAL DUES The fiscal year is January 1 thru December 31. Annual dues are based on a comapny's total annual sales commission for plumbing-heating-cooling-piping (PHCP) and industrial pipe-valve-fitting (PVF) product only. Please indicate total annual sales volume (PHCP-PVF products only). This annual dues schedule is valid until December 31 of the current calendar year.	:ts
Less than \$500,000 (AIM/R Member) - \$450	
Less than \$500,000 (Not an AIM/R Member) - \$650	

For a company that joins as a new member after January 31 of the current fiscal year, any prorated portion of the paid annual dues will appear as a credit on the renewal notice for the following fiscal year. 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.

\$500,000 or More (AIM/R Member) - \$850

\$500,000 or More (Not an AIM/R Member) - \$1,250

4. ACKNOWLEDGEMENTS

Article III of the Association's Bylaws provides for the classifications, eligibility, voting rights and privileges, admission, termination and reinstatement of all members. This application for membership is submitted for consideration by the Board of Directors and the undersigned acknowledges the following on behalf of the applicant:

- The applicant is primarily engaged in the independent sales representation of plumbing-heating-cooling-piping and/or industrial pipe-valve-fitting (PHCP-PVF) products in the United States, its territories and/or Canada
- The applicant represents at least two different manufacturers of PHCP-PVF products
- The applicant maintains an office separate and apart from, and independent of, any such PHCP-PVF manufacturers or wholesaler-distributor firms.
- Provided the application for membership is approved by the Board of Directors, association staff will contact the undersigned to provide additional information about the number of employees, additional locations, additional contact persons, territory covered, product segments and major product lines
- Provided the application for membership is approved by the Board of Directors, association staff will contact the undersigned to provide information about additional points of contact, etc.
- CONFIDENTIALITY: Information about an applicant's or member's annual dues and total annual sales commission is maintained by association staff in the strictest of confidence and will not be made available to any individual or organization outside of the Association's headquarters
- PAYMENT: Full payment for annual dues must accompany this application. Please make check payable to American Supply Association (ASA). All checks must be drawn on a U.S. bank

SIGNATURE		
PRINT NAME		
DATE		
	-	-

Please Submit Completed Application & Payment to:

AMERICAN SUPPLY ASSOCIATION 1200 N. Arlington Heights Rd.. Suite 150 Itasca, IL 60143

P > 630.467.0000 **F** > 630.467.0001

E > info@asa.net W > www.asa.net

STAFF USE ONLY

Received
Check No.
Officer No.
Acknowledged
Approved
Approved ———————
Payment Processed
,
Welcomed

AdvanceYourAbility 5