



# APPLICATION FOR MANUFACTURER REPRESENTATIVE MEMBERSHIP

Applicant's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Website: \_\_\_\_\_ Applicant's E-mail: \_\_\_\_\_  
 Year Company founded: \_\_\_\_\_ Fed. ID # \_\_\_\_\_ Date: \_\_\_\_\_  
 Company Principal's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## NAHAD MEMBERSHIP REQUIREMENTS

*All applications are reviewed by NAHAD's Membership Committee, which reserves the right to accept or reject any application for any reason.*  
 Manufacturer Representative Applicants must:

- i. Earn each year 50% or more of annual aggregate revenues from commissions on sales in a defined geographic or market territory from NAHAD Member Manufacturers; and,
- ii. Be sponsored by two (2) NAHAD Manufacturer Members and two (2) NAHAD Distributor Members, who shall certify that the applicant possesses the highest qualities of professionalism, integrity and industry knowledge; and,
- iii. Commit to attending the NAHAD Annual Convention as a registrant at least every other year.

Manufacturer Representative agrees to:

1. Comply in full with NAHAD's *Code of Business Conduct*, as posted at [www.nahad.org](http://www.nahad.org);
2. Support the principles of the *NAHAD Institute Hose Assembly Guidelines* program, designed to promote the safety, quality and reliability of hose assemblies;
3. Encourage and support distributors' efforts in achieving and maintaining their NAHAD *Hose Safety Institute* status;
4. Commit to product quality by ensuring that all Hose Products represented comply with appropriate existing industry manufacturing and performance standards;
5. Annually attest to, in writing, compliance with items 1 – 4, above.

List two current NAHAD Manufacturer Members that have agreed to sponsor your company:

1. \_\_\_\_\_ 2. \_\_\_\_\_

List two current NAHAD Distributor Members that have agreed to sponsor your company:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Briefly describe the products you represent: \_\_\_\_\_

*I have read the membership requirements for my category and attest that I meet the criteria necessary for membership in NAHAD.*

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

*The dues year runs from January 1 – December 31*

Membership Category	If Joining 1/1 – 9/30 Full Year Membership	If Joining 10/1 – 12/31 15 Month Membership
Manufacturer Representative Membership	\$499	\$625

Please charge to :  MasterCard  Visa  American Express  Discover Verification Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Return application payment to: NAHAD, 105 Eastern Avenue, Suite 104, Annapolis, MD 21403

Tel: (410) 940-6350  Fax: 410-263-1659 Email: [aluckado@nahad.org](mailto:aluckado@nahad.org)