



## APPLICATION FOR MANUFACTURER OR ASSOCIATE MEMBERSHIP

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

Company's voting representative: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ How did you hear about NAHAD? \_\_\_\_\_

Year company founded: \_\_\_\_\_ Fed. ID # \_\_\_\_\_ Number of Employees: \_\_\_\_\_

### 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 MEMBER:** A business entity having been in business for one or more years, engaged in: (a) the manufacture of flexible hose products, couplings, clamps, accessories or industrial rubber products ("Hose Products") and committed to the marketing of these products primarily through distributors, or, (b) the manufacture of hose-related mechanical equipment and/or hose fabrication systems, marketed to and/or through distributors of Hose Products. Applicant must be sponsored by **three** current NAHAD Distributor companies, to be listed on this form below.

#### Manufacturer Members agree 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. Appoint an employee to serve as the company's *Assembly Guidelines* representative, providing information / technical support related to the program,

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

4. Encourage and support distributors' efforts in achieving and maintaining their *NAHAD Hose Safety Institute* status,
5. Commit to product quality by ensuring that all Hose Products sold by the company comply with appropriate existing industry manufacturing and performance standards,
6. Maintain, and annually provide evidence of, Product Liability Insurance of at least US\$2 million, and,
7. Annually attest to, in writing, compliance with items 1 – 6, above.

**ASSOCIATE MEMBER:** A business entity having been in business for one or more years, engaged in the purchase and stocking of flexible hose products, couplings, clamps, accessories or industrial rubber products for sale primarily through distributors. Applicant must be sponsored by **three** current NAHAD Distributor companies, to be listed on this form below.

#### Associate Members agree 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. Appoint an employee to serve as the company's *Assembly Guidelines* representative, providing information / technical support related to the program,

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

4. Encourage and support distributors' efforts in achieving and maintaining their *NAHAD Hose Safety Institute* status,
5. Commit to product quality by ensuring that all Hose Products sold by the company comply with appropriate existing industry manufacturing and performance standards,
6. Maintain, and annually provide evidence of, Product Liability Insurance of at least US\$2 million,
7. Annually attest to, in writing, compliance with items 1 – 6, above, and,
8. Qualify as the exclusive representative or U.S. marketing arm for one or more foreign manufacturers, or, have proprietary products manufactured to its own specification.

A. Do you currently maintain liability insurance of at least US\$2 million?  Yes  No *Attach a copy of certificate of insurance*

B. List three current NAHAD Distributors that have agreed to sponsor your company:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

C. Briefly describe the products you manufacture: \_\_\_\_\_

Application Process: Once the application is received it will be submitted to the NAHAD Membership Committee for preliminary approval. After preliminary approval, the company's voting representative will receive temporary access to the NAHAD Hose Assembly Guidelines. All applications are reviewed by NAHAD's Membership Committee, which reserves the right to accept or reject any application for any reason.

***I have read and agree to comply with, the membership requirements for my category as listed above***

**Company's Voting Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Membership Dues - Dues and branch service fees are payable with application, and are renewable each January. New applicants will pay the prorated share of the annual dues plus full branch and services fees.**

Membership Category	If Joining 1/1 - 9/30 Full Year Membership	If Joining 10/1 - 12/31 15 Months
Manufacturer or Associate	\$1399	\$1755

Branch Service Fees - No. of Branches \_\_\_\_ x \$ 125.00 \$11.00 x \_\_\_\_ months left this year\$ \_\_\_\_\_  
(List all branches below.)

Enclosed is my check for \$ \_\_\_\_\_

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

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

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

**Branch/Co. Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Tel:( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

**Branch/Co. Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Tel:( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

*So that we may serve you better, please provide the following contact information:*

President/Owner: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail \_\_\_\_\_

Vice President: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail \_\_\_\_\_

Finance Director: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail \_\_\_\_\_

Sales Manager: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail \_\_\_\_\_

Warehouse/Inventory Mgr.: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail \_\_\_\_\_

MIS/IT: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail \_\_\_\_\_

Production Manager: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail \_\_\_\_\_

HR/Training: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail \_\_\_\_\_

Technical/Engineering: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail \_\_\_\_\_

Other: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail \_\_\_\_\_