



APPLICATION FOR AFFILIATE MEMBERSHIP

(Please Type or Print Legibly)

Company Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Telephone: _____ Fax: _____ E-Mail: _____ Web Address: _____

Company voting representative: _____ Title: _____

E-mail: _____ How did you hear about NAHAD? _____

Year company founded: _____ Fed. ID # _____ Number of Employees: _____ Date: _____

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.

AFFILIATE MEMBER (Non-Voting): An established business entity engaged in the business of providing products and/or services to the members of the Association, and whose products and/or services are marketed to and/or through distributors. Affiliate members shall not be engaged in the production or sale of products and/or services which are handled in the ordinary course of business conducted by Distributor, Manufacturer or Associate members. Affiliate members may not be manufacturers' representatives or master distributors.

Products or services sold: _____

Total annual sales: US\$ _____

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

Name: _____ Signed: _____

The dues year runs from January 1 – December 31. Dues and branch service fees are payable with application, and are renewable each January.

Membership Category	If Joining 1/1 – 9/30 Full Year Membership	If Joining 10/1 – 12/31 15 Month Membership
Affiliate Member	\$899	\$1125

Total Remitted \$ _____

Enclosed is my check for \$ _____

Please charge to : MasterCard Visa American Express Discover Verification Code: _____

Credit Card Number: _____ Exp. Date: _____

Card Holder Name: _____ Signature: _____

So that we may serve you better, please provide the following contact information for company employee.

Name: _____ Title: _____ E-mail: _____

Return application payment to: NAHAD105 Eastern Avenue, Suite 104, Annapolis, MD 21403 ♦ Tel: (410) 940-6350 ♦ Fax: 410-263-1659