



APPLICATION FOR MANUFACTURER REPRESENTATIVE MEMBERSHIP

Applicant's Name: _____ Company Name: _____
 Address: _____
 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;
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	\$899	\$1125

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: info@nahad.org