

E-Mail:aluckado@shda.org

## APPLICATION FOR ASSOCIATE MEMBERSHIP

MANUFACTURER MEMBERSHIP IS AVAILABLE TO BUSINESS ENTITIES ENGAGED IN THE PRODUCTION OF SECURITY HARDWARE WHO MEET THE FOLLOWING:

- 1. The applicant is actually engaged in the production of security hardware or controls such production by contract, licensing agreement, patent, trademark or otherwise;
- 2. The applicant sells its product to wholesale distributors of security hardware as part of a multi-step distribution process;
- 3. The applicant has taken title to the security hardware they sell, thus assuming inventory risk.

The undersigned, being engaged in the business of the manufacture of security hardware presently distributed by wholesale distributors, hereby applies for Associate Membership in the Security Hardware Distributors Association and agrees to subscribe to its Constitution and Bylaws.

CITY	STATE/PROVINCE	ZIP/PC			
	FAX				
	COMPANY E-MAIL				
		EMAIL			
PLEASE LIST PRINCIPAL OWNER	S:				
NAME	TITLE	EMAIL			
NAME	TITLE	EMAIL			
NAME	TITLE	EMAIL			
PLEASE NAME THREE TOP COMP	ANY OFFICIALS:				
NAME	TITLE	EMAIL			
NAME	TITLE	EMAIL			
NAME	TITLE	EMAIL			

NAME	_ TITLE	EMAIL
NAME	_ TITLE	EMAIL
NAME	_ TITLE	EMAIL

## PLEASE CHECK ONE: Applicant is:

Corporation

Partnership

Proprietorship

 $\Box \quad LLC \\ \Box \quad Othe$ 

Other \_\_\_\_\_

Do	you now market your security	hardware products through wholesale distributors?	□ Yes	D No		
Lis	t company name, location and	a contact name for SHDA Distributor Members for wh	nom you are an est	ablished vendor:		
Co	mpany Name	Location	C	Contact		
Co	Company Name Location		Contact			
Ple	ase list date and location of ap	Location _	Location			
Do	you manufacture the product	you sell?	□ Yes	D No		
	If no, do you control suc	h production by contract, licensing agreement, paten	t, trademark or oth	nerwise? 🗆 Yes 🛛 No		
	If you control such prod	uction, please list circumstances:				
Do	you own the inventory you se	II?	□ Yes	□ No		
Do you bill for the product you sell?		□ Yes	□ No			
		a minimum of \$2 million dollars in US Product Further applicants must submit proof of cover	age.			
Do	es applicant carry \$2 million do	ollars product liability insurance coverage?	□ Yes	□ No		
Do you have an interest or affiliation with any other security supply manufacturers?		□ Yes	□ No			
Do	you have an interst or affiliation	on with a wholesale distributor of security hardware?	□ Yes	□ No		
Ho	w many employees do you hav	e at the present time?				
Lis	t principal security hardware p	roducts which your company produces:				
Do	you have any Canadian affiliat If so, please list here	res?	□ Yes			
AN	NUAL DUES: \$1,500 PER YEAR	(First and second year dues due with applica	ition)			
Ιh	ereby certify that the applicant	:				
	trademark or otherwise; Sells its product to wholesale distributors of security hardware as part of a multi-step distribution process;					
pul		e Member in good standing is entitled to attend all me r privileges as may be determined from time to time b is of the Association.				
Sig	nature	Title		Date		
Th		applicants for Associate Membership to provide re of security hardware. Such evidence shall be				
PL	EASE ENCLOSE:					

Check for first and second year dues:

\$3000

Product Brochures

**Certificate of Insurance confirming \$2 million US dollars in product liability coverage**